

94TH GENERAL ASSEMBLY**State of Illinois****2005 and 2006****SB1758**

Introduced 2/25/2005, by Sen. Adeline Jay Geo-Karis - Kathleen L. Wojcik

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987 to include naturopathic physicians. Provides for the licensure of naturopathic physicians by the Department of Financial and Professional Regulation. Provides that the Department may grant authority to treat human ailments with limited prescriptive authority or through the performance of minor office procedures to applicants who meet certain requirements. Replaces one public member of the Medical Disciplinary Board (now, 2 members of the Board shall be members of the public) with a physician licensed to practice in Illinois and possessing the degree of doctor of naturopathic medicine. Changes the number of members of the Medical Licensing Board from 7 to 8 and provides that one member of the Board shall be a reputable physician licensed to practice in Illinois and possessing the degree of naturopathic medicine. Sets forth minimum education standards for naturopathic licensure applicants for the practice of treating human ailments without the use of drugs and without operative surgery. Sets forth minimum education standards for applicants for authorization for treating human ailments with limited prescriptive authority and for treating human ailments through the performance of minor office procedures. Makes corresponding changes throughout the Act. Amends the Illinois Controlled Substances Act to add a chiropractic or naturopathic physician with limited prescriptive authority, who issues a prescription for a Schedule III, IV, or V controlled substance in accordance with certain provisions of the Medical Practice Act of 1987, to the definition of "prescriber". Effective 6 months after becoming law.

LRB094 11331 RAS 42159 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Medical Practice Act of 1987 is amended by
5 changing Sections 2, 3, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 19,
6 20, 22, 23, 24, 34, and 51 and by adding Sections 3.1, 3.2, and
7 33.5 as follows:

8 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

9 (Section scheduled to be repealed on January 1, 2007)

10 Sec. 2. Definitions. For purposes of this Act, the
11 following definitions shall have the following meanings,
12 except where the context requires otherwise:

13 1. "Act" means the Medical Practice Act of 1987.

14 2. "Department" means the Department of Professional
15 Regulation.

16 3. "Director" means the Director of Professional
17 Regulation.

18 4. "Disciplinary Action" means revocation, suspension,
19 probation, supervision, practice modification, reprimand,
20 required education, fines or any other action taken by the
21 Department against a person holding a license.

22 5. "Disciplinary Board" means the Medical Disciplinary
23 Board.

24 6. "Final Determination" means the governing body's final
25 action taken under the procedure followed by a health care
26 institution, or professional association or society, against
27 any person licensed under the Act in accordance with the bylaws
28 or rules and regulations of such health care institution, or
29 professional association or society.

30 7. "Fund" means the Medical Disciplinary Fund.

31 8. "Impaired" means the inability to practice medicine with
32 reasonable skill and safety due to physical or mental

1 disabilities as evidenced by a written determination or written
2 consent based on clinical evidence including deterioration
3 through the aging process or loss of motor skill, or abuse of
4 drugs or alcohol, of sufficient degree to diminish a person's
5 ability to deliver competent patient care.

6 9. "Licensing Board" means the Medical Licensing Board.

7 10. "Physician" means a person licensed under the Medical
8 Practice Act to practice medicine in all of its branches or a
9 chiropractic or naturopathic physician licensed to treat human
10 ailments without the use of drugs and without operative
11 surgery, with limited prescriptive authority, or through the
12 performance of minor office procedures.

13 11. "Professional Association" means an association or
14 society of persons licensed under this Act, and operating
15 within the State of Illinois, including but not limited to,
16 medical societies, osteopathic organizations, and chiropractic
17 organizations, but this term shall not be deemed to include
18 hospital medical staffs.

19 12. "Program of Care, Counseling, or Treatment" means a
20 written schedule of organized treatment, care, counseling,
21 activities, or education, satisfactory to the Disciplinary
22 Board, designed for the purpose of restoring an impaired person
23 to a condition whereby the impaired person can practice
24 medicine with reasonable skill and safety of a sufficient
25 degree to deliver competent patient care.

26 13. "Limited prescriptive authority" means the limited
27 authority to prescribe certain drugs, as determined by the
28 qualifications set forth in this Act and approved by the Board.

29 14. "Minor office procedures" means the methods used for
30 the repair and care incidental to superficial lacerations and
31 abrasions, superficial lesions, and the removal of foreign
32 bodies located in the superficial tissues.

33 (Source: P.A. 85-1209; 85-1245; 85-1440.)

34 (225 ILCS 60/3) (from Ch. 111, par. 4400-3)

35 (Section scheduled to be repealed on January 1, 2007)

1 Sec. 3. Licensure requirement. No person shall practice
2 medicine~~7~~ or any of its branches~~7~~ or treat human ailments with
3 limited prescriptive authority, through the performance of
4 minor office procedures, or without the use of drugs and
5 without operative surgery, without a valid, existing license to
6 do so, except that a physician who holds an active license in
7 another state or a second year resident enrolled in a residency
8 program accredited by the Liaison Committee on Graduate Medical
9 Education or the Bureau of Professional Education of the
10 American Osteopathic Association may provide medical services
11 to patients in Illinois during a bonafide emergency in
12 immediate preparation for or during interstate transit.

13 (Source: P.A. 89-702, eff. 7-1-97.)

14 (225 ILCS 60/3.1 new)

15 Sec. 3.1. Licensure; naturopathic medicine. The Department
16 may issue a license to any applicant for a license to practice
17 naturopathic medicine who (i) has received a degree of "Doctor
18 of Naturopathic Medicine" or "Doctor of Naturopathy" from a
19 school or college that meets the criteria specified in
20 paragraphs (5), (6), or (7) of subsection (B) of Section 11 of
21 this Act, (ii) has successfully passed the national
22 naturopathic physicians licensing examination, and (iii) meets
23 all applicable qualifications set forth in Section 11.

24 (225 ILCS 60/3.2 new)

25 Sec. 3.2. Limited prescriptive authority; authority to
26 perform minor office procedures.

27 (A) The Department may grant authority to treat human
28 ailments with limited prescriptive authority to any applicant
29 who meets the requirements set forth in paragraphs (1) and (2)
30 of subsection (C) of Section 11 of this Act, subject to Section
31 33.5 of this Act.

32 (B) The Department may grant authority to treat human
33 ailments through the performance of minor office procedures to
34 any applicant who meets the requirements set forth in

1 paragraphs (1) and (2) of subsection (D) of Section 11 of this
2 Act.

3 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

4 (Section scheduled to be repealed on January 1, 2007)

5 Sec. 7. Medical Disciplinary Board.

6 (A) There is hereby created the Illinois State Medical
7 Disciplinary Board (hereinafter referred to as the
8 "Disciplinary Board"). The Disciplinary Board shall consist of
9 9 members, to be appointed by the Governor by and with the
10 advice and consent of the Senate. All shall be residents of the
11 State, not more than 5 of whom shall be members of the same
12 political party. Five members shall be physicians licensed to
13 practice medicine in all of its branches in Illinois possessing
14 the degree of doctor of medicine. One ~~Two~~ shall be a member
15 ~~members~~ of the public, who shall not be engaged in any way,
16 directly or indirectly, as a provider ~~providers~~ of health care.
17 The ~~2~~ public member ~~members~~ shall act as a non-voting,
18 ex-officio member and shall not be considered in determining
19 the existence, or lack of existence, of a quorum for all
20 purposes for which a quorum may be called pursuant to this Act
21 ~~voting members~~. One member shall be a physician licensed to
22 practice in Illinois possessing the degree of doctor of
23 osteopathy or osteopathic medicine. One member shall be a
24 physician licensed to practice in Illinois and possessing the
25 degree of doctor of naturopathic medicine. One member shall be
26 a physician licensed to practice in Illinois and possessing the
27 degree of doctor of chiropractic.

28 (B) Members of the Disciplinary Board shall be appointed
29 for terms of 4 years. Upon the expiration of the term of any
30 member, their successor shall be appointed for a term of 4
31 years by the Governor by and with the advice and consent of the
32 Senate. The Governor shall fill any vacancy for the remainder
33 of the unexpired term by and with the advice and consent of the
34 Senate. Upon recommendation of the Board, any member of the
35 Disciplinary Board may be removed by the Governor for

1 misfeasance, malfeasance, or wilful neglect of duty, after
2 notice, and a public hearing, unless such notice and hearing
3 shall be expressly waived in writing. Each member shall serve
4 on the Disciplinary Board until their successor is appointed
5 and qualified. No member of the Disciplinary Board shall serve
6 more than 2 consecutive 4 year terms.

7 In making appointments the Governor shall attempt to insure
8 that the various social and geographic regions of the State of
9 Illinois are properly represented.

10 In making the designation of persons to act for the several
11 professions represented on the Disciplinary Board, the
12 Governor shall give due consideration to recommendations by
13 members of the respective professions and by organizations
14 therein.

15 (C) The Disciplinary Board shall annually elect one of its
16 voting members as chairperson and one as vice chairperson. No
17 officer shall be elected more than twice in succession to the
18 same office. Each officer shall serve until their successor has
19 been elected and qualified.

20 (D) (Blank).

21 (E) Four voting members of the Disciplinary Board shall
22 constitute a quorum. A vacancy in the membership of the
23 Disciplinary Board shall not impair the right of a quorum to
24 exercise all the rights and perform all the duties of the
25 Disciplinary Board. Any action taken by the Disciplinary Board
26 under this Act may be authorized by resolution at any regular
27 or special meeting and each such resolution shall take effect
28 immediately. The Disciplinary Board shall meet at least
29 quarterly. The Disciplinary Board is empowered to adopt all
30 rules and regulations necessary and incident to the powers
31 granted to it under this Act.

32 (F) Each member, and member-officer, of the Disciplinary
33 Board shall receive a per diem stipend as the Director of the
34 Department, hereinafter referred to as the Director, shall
35 determine. The Director shall also determine the per diem
36 stipend that each ex-officio member shall receive. Each member

1 shall be paid their necessary expenses while engaged in the
2 performance of their duties.

3 (G) The Director shall select a Chief Medical Coordinator
4 and a Deputy Medical Coordinator who shall not be members of
5 the Disciplinary Board. Each medical coordinator shall be a
6 physician licensed to practice medicine in all of its branches,
7 and the Director shall set their rates of compensation. The
8 Director shall assign one medical coordinator to a region
9 composed of Cook County and such other counties as the Director
10 may deem appropriate, and such medical coordinator shall locate
11 their office in Chicago. The Director shall assign the
12 remaining medical coordinator to a region composed of the
13 balance of counties in the State, and such medical coordinator
14 shall locate their office in Springfield. Each medical
15 coordinator shall be the chief enforcement officer of this Act
16 in their assigned region and shall serve at the will of the
17 Disciplinary Board.

18 The Director shall employ, in conformity with the Personnel
19 Code, not less than one full time investigator for every 5000
20 physicians licensed in the State. Each investigator shall be a
21 college graduate with at least 2 years' investigative
22 experience or one year advanced medical education. Upon the
23 written request of the Disciplinary Board, the Director shall
24 employ, in conformity with the Personnel Code, such other
25 professional, technical, investigative, and clerical help,
26 either on a full or part-time basis as the Disciplinary Board
27 deems necessary for the proper performance of its duties.

28 (H) Upon the specific request of the Disciplinary Board,
29 signed by either the chairman, vice chairman, or a medical
30 coordinator of the Disciplinary Board, the Department of Human
31 Services or the Department of State Police shall make available
32 any and all information that they have in their possession
33 regarding a particular case then under investigation by the
34 Disciplinary Board.

35 (I) Members of the Disciplinary Board shall be immune from
36 suit in any action based upon any disciplinary proceedings or

1 other acts performed in good faith as members of the
2 Disciplinary Board.

3 (J) The Disciplinary Board may compile and establish a
4 statewide roster of physicians and other medical
5 professionals, including the several medical specialties, of
6 such physicians and medical professionals, who have agreed to
7 serve from time to time as advisors to the medical
8 coordinators. Such advisors shall assist the medical
9 coordinators in their investigations and participation in
10 complaints against physicians. Such advisors shall serve under
11 contract and shall be reimbursed at a reasonable rate for the
12 services provided, plus reasonable expenses incurred. While
13 serving in this capacity, the advisor, for any act undertaken
14 in good faith and in the conduct of their duties under this
15 Section, shall be immune from civil suit.

16 (Source: P.A. 93-138, eff. 7-10-03.)

17 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

18 (Section scheduled to be repealed on January 1, 2007)

19 Sec. 8. Medical Licensing Board.

20 (A) There is hereby created a Medical Licensing Board
21 (hereinafter referred to as the "Licensing Board"). The
22 Licensing Board shall be composed of 8 ~~7~~ members, to be
23 appointed by the Governor by and with the advice and consent of
24 the Senate; 5 of whom shall be reputable physicians licensed to
25 practice medicine in all of its branches in Illinois,
26 possessing the degree of doctor of medicine; one member shall
27 be a reputable physician licensed in Illinois to practice
28 medicine in all of its branches, possessing the degree of
29 doctor of osteopathy or osteopathic medicine; one member shall
30 be a reputable physician licensed to practice in Illinois and
31 possessing the degree of doctor of naturopathic medicine; and
32 one member shall be a reputable physician licensed to practice
33 in Illinois and possessing the degree of doctor of
34 chiropractic. Of the 5 members holding the degree of doctor of
35 medicine, one shall be a full-time or part-time teacher of

1 professorial rank in the clinical department of an Illinois
2 school of medicine.

3 (B) Members of the Licensing Board shall be appointed for
4 terms of 4 years, and until their successors are appointed and
5 qualified. Appointments to fill vacancies shall be made in the
6 same manner as original appointments, for the unexpired portion
7 of the vacated term. No more than 4 members of the Licensing
8 Board shall be members of the same political party and all
9 members shall be residents of this State. No member of the
10 Licensing Board may be appointed to more than 2 successive 4
11 year terms. This limitation shall only apply to individuals
12 appointed to the Licensing Board after the effective date of
13 this Act.

14 (C) Members of the Licensing Board shall be immune from
15 suit in any action based upon any licensing proceedings or
16 other acts performed in good faith as members of the Licensing
17 Board.

18 (D) (Blank).

19 (E) The Licensing Board shall annually elect one of its
20 members as chairperson and one as vice chairperson. No member
21 shall be elected more than twice in succession to the same
22 office. Each officer shall serve until their successor has been
23 elected and qualified.

24 (F) None of the functions, powers or duties of the
25 Department with respect to policies regarding licensure and
26 examination under this Act, including the promulgation of such
27 rules as may be necessary for the administration of this Act,
28 shall be exercised by the Department except upon review of the
29 Licensing Board.

30 (G) The Licensing Board shall receive the same compensation
31 as the members of the Medical Disciplinary Board, which
32 compensation shall be paid out of the Illinois State Medical
33 Disciplinary Fund.

34 (Source: P.A. 89-702, eff. 7-1-97.)

35 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

1 (Section scheduled to be repealed on January 1, 2007)

2 Sec. 9. Application for license. Each applicant for a
3 license shall:

4 (A) Make application on blank forms prepared and
5 furnished by the Department of Professional Regulation
6 hereinafter referred to as the Department.

7 (B) Submit evidence satisfactory to the Department
8 that the applicant:

9 (1) is of good moral character. In determining
10 moral character under this Section, the Department may
11 take into consideration whether the applicant has
12 engaged in conduct or activities which would
13 constitute grounds for discipline under this Act. The
14 Department may also request the applicant to submit,
15 and may consider as evidence of moral character,
16 endorsements from 2 or 3 individuals licensed under
17 this Act;

18 (2) has the preliminary and professional education
19 required by this Act;

20 (3) (blank); and

21 (4) is physically, mentally, and professionally
22 capable of practicing medicine with reasonable
23 judgment, skill, and safety. In determining physical,
24 mental and professional capacity under this Section,
25 the Medical Licensing Board may, upon a showing of a
26 possible incapacity, compel any applicant to submit to
27 a mental or physical examination, or both. The
28 Licensing Board may condition or restrict any license,
29 subject to the same terms and conditions as are
30 provided for the Medical Disciplinary Board under
31 Section 22 of this Act. Any such condition of a
32 restricted license shall provide that the Chief
33 Medical Coordinator or Deputy Medical Coordinator
34 shall have the authority to review the subject
35 physician's compliance with such conditions or
36 restrictions, including, where appropriate, the

1 physician's record of treatment and counseling
2 regarding the impairment, to the extent permitted by
3 applicable federal statutes and regulations
4 safeguarding the confidentiality of medical records of
5 patients.

6 In determining professional capacity under this
7 Section any individual who has not been actively engaged in
8 the practice of medicine or as a medical, osteopathic,
9 naturopathic, or chiropractic student or who has not been
10 engaged in a formal program of medical education during the
11 2 years immediately preceding their application may be
12 required to complete such additional testing, training, or
13 remedial education as the Licensing Board may deem
14 necessary in order to establish the applicant's present
15 capacity to practice medicine with reasonable judgment,
16 skill, and safety.

17 (C) Designate specifically the name, location, and
18 kind of professional school, college, or institution of
19 which the applicant is a graduate and the category under
20 which the applicant seeks, and will undertake, to practice.

21 (D) Pay to the Department at the time of application
22 the required fees.

23 (E) Pursuant to Department rules, as required, pass an
24 examination authorized by the Department to determine the
25 applicant's fitness to receive a license.

26 (F) Complete the application process within 3 years
27 from the date of application. If the process has not been
28 completed within 3 years, the application shall be denied,
29 application fees shall be forfeited, and the applicant must
30 reapply and meet the requirements in effect at the time of
31 reapplication.

32 (Source: P.A. 89-387, eff. 8-20-95; 89-702, eff. 7-1-97.)

33 (225 ILCS 60/10) (from Ch. 111, par. 4400-10)

34 (Section scheduled to be repealed on January 1, 2007)

35 Sec. 10. The Department shall:

1 (A) Make rules for establishing reasonable minimum
2 standards of educational requirements to be observed by
3 medical, osteopathic, naturopathic, and chiropractic colleges;

4 (B) Effectuate the policy of the State of Illinois that the
5 quality of medical training is an appropriate concern in the
6 recruiting, licensing, credentialing and participation in
7 residency programs of physicians. However, it is inappropriate
8 to discriminate against any physician because of national
9 origin or geographic location of medical education;

10 (C) Formulate rules and regulations required for the
11 administration of this Act.

12 (Source: P.A. 86-573.)

13 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

14 (Section scheduled to be repealed on January 1, 2007)

15 Sec. 11. Minimum education standards. The minimum
16 standards of professional education to be enforced by the
17 Department in conducting examinations and issuing licenses
18 shall be as follows:

19 (A) Practice of medicine. For the practice of medicine
20 in all of its branches:

21 (1) For applications for licensure under
22 subsection (D) of Section 19 of this Act:

23 (a) that the applicant is a graduate of a
24 medical or osteopathic college in the United
25 States, its territories or Canada, that the
26 applicant has completed a 2 year course of
27 instruction in a college of liberal arts, or its
28 equivalent, and a course of instruction in a
29 medical or osteopathic college approved by the
30 Department or by a private, not for profit
31 accrediting body approved by the Department, and
32 in addition thereto, a course of postgraduate
33 clinical training of not less than 12 months as
34 approved by the Department; or

35 (b) that the applicant is a graduate of a

1 medical or osteopathic college located outside the
2 United States, its territories or Canada, and that
3 the degree conferred is officially recognized by
4 the country for the purposes of licensure, that the
5 applicant has completed a 2 year course of
6 instruction in a college of liberal arts or its
7 equivalent, and a course of instruction in a
8 medical or osteopathic college approved by the
9 Department, which course shall have been not less
10 than 132 weeks in duration and shall have been
11 completed within a period of not less than 35
12 months, and, in addition thereto, has completed a
13 course of postgraduate clinical training of not
14 less than 12 months, as approved by the Department,
15 and has complied with any other standards
16 established by rule.

17 For the purposes of this subparagraph (b) an
18 applicant is considered to be a graduate of a
19 medical college if the degree which is conferred is
20 officially recognized by that country for the
21 purposes of receiving a license to practice
22 medicine in all of its branches or a document is
23 granted by the medical college which certifies the
24 completion of all formal training requirements
25 including any internship and social service; or

26 (c) that the applicant has studied medicine at
27 a medical or osteopathic college located outside
28 the United States, its territories, or Canada,
29 that the applicant has completed a 2 year course of
30 instruction in a college of liberal arts or its
31 equivalent and all of the formal requirements of a
32 foreign medical school except internship and
33 social service, which course shall have been not
34 less than 132 weeks in duration and shall have been
35 completed within a period of not less than 35
36 months; that the applicant has submitted an

1 application to a medical college accredited by the
2 Liaison Committee on Medical Education and
3 submitted to such evaluation procedures, including
4 use of nationally recognized medical student tests
5 or tests devised by the individual medical
6 college, and that the applicant has satisfactorily
7 completed one academic year of supervised clinical
8 training under the direction of such medical
9 college; and, in addition thereto has completed a
10 course of postgraduate clinical training of not
11 less than 12 months, as approved by the Department,
12 and has complied with any other standards
13 established by rule.

14 (d) Any clinical clerkships must have been
15 completed in compliance with Section 10.3 of the
16 Hospital Licensing Act, as amended.

17 (2) Effective January 1, 1988, for applications
18 for licensure made subsequent to January 1, 1988, under
19 Sections 9 or 17 of this Act by individuals not
20 described in paragraph (3) of subsection (A) of Section
21 11 who graduated after December 31, 1984:

22 (a) that the applicant: (i) graduated from a
23 medical or osteopathic college officially
24 recognized by the jurisdiction in which it is
25 located for the purpose of receiving a license to
26 practice medicine in all of its branches, and the
27 applicant has completed, as defined by the
28 Department, a 6 year postsecondary course of study
29 comprising at least 2 academic years of study in
30 the basic medical sciences; and 2 academic years of
31 study in the clinical sciences, while enrolled in
32 the medical college which conferred the degree,
33 the core rotations of which must have been
34 completed in clinical teaching facilities owned,
35 operated or formally affiliated with the medical
36 college which conferred the degree, or under

1 contract in teaching facilities owned, operated or
2 affiliated with another medical college which is
3 officially recognized by the jurisdiction in which
4 the medical school which conferred the degree is
5 located; or (ii) graduated from a medical or
6 osteopathic college accredited by the Liaison
7 Committee on Medical Education, the Committee on
8 Accreditation of Canadian Medical Schools in
9 conjunction with the Liaison Committee on Medical
10 Education, or the Bureau of Professional Education
11 of the American Osteopathic Association; and,
12 (iii) in addition thereto, has completed a course
13 of postgraduate clinical training of not less than
14 24 months, as approved by the Department; or

15 (b) that the applicant has studied medicine at
16 a medical or osteopathic college located outside
17 the United States, its territories, or Canada,
18 that the applicant, in addition to satisfying the
19 requirements of subparagraph (a), except for the
20 awarding of a degree, has completed all of the
21 formal requirements of a foreign medical school
22 except internship and social service and has
23 submitted an application to a medical college
24 accredited by the Liaison Committee on Medical
25 Education and submitted to such evaluation
26 procedures, including use of nationally recognized
27 medical student tests or tests devised by the
28 individual medical college, and that the applicant
29 has satisfactorily completed one academic year of
30 supervised clinical training under the direction
31 of such medical college; and, in addition thereto,
32 has completed a course of postgraduate clinical
33 training of not less than 24 months, as approved by
34 the Department, and has complied with any other
35 standards established by rule.

36 (3) (Blank).

1 (4) Any person granted a temporary license
2 pursuant to Section 17 of this Act who shall
3 satisfactorily complete a course of postgraduate
4 clinical training and meet all of the requirements for
5 licensure shall be granted a permanent license
6 pursuant to Section 9.

7 (5) Notwithstanding any other provision of this
8 Section an individual holding a temporary license
9 under Section 17 of this Act shall be required to
10 satisfy the undergraduate medical and post-graduate
11 clinical training educational requirements in effect
12 on the date of their application for a temporary
13 license, provided they apply for a license under
14 Section 9 of this Act and satisfy all other
15 requirements of this Section while their temporary
16 license is in effect.

17 (B) Treating human ailments without drugs and without
18 operative surgery. For the practice of treating human
19 ailments without the use of drugs and without operative
20 surgery:

21 (1) For an applicant who was a resident student and
22 who is a graduate after July 1, 1926, of a chiropractic
23 college or institution, that such school, college or
24 institution, at the time of the applicant's graduation
25 required as a prerequisite to admission thereto a 4
26 year course of instruction in a high school, and, as a
27 prerequisite to graduation therefrom, a course of
28 instruction in the treatment of human ailments, of not
29 less than 132 weeks in duration and which shall have
30 been completed within a period of not less than 35
31 months except that as to students matriculating or
32 entering upon a course of chiropractic study during the
33 years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and
34 1947, such elapsed time shall be not less than 32
35 months, such high school and such school, college or
36 institution having been reputable and in good standing

1 in the judgment of the Department.

2 (2) For an applicant who is a matriculant in a
3 chiropractic college after September 1, 1969, that
4 such applicant shall be required to complete a 2 year
5 course of instruction in a liberal arts college or its
6 equivalent and a course of instruction in a
7 chiropractic college in the treatment of human
8 ailments, such course, as a prerequisite to graduation
9 therefrom, having been not less than 132 weeks in
10 duration and shall have been completed within a period
11 of not less than 35 months, such college of liberal
12 arts and chiropractic college having been reputable
13 and in good standing in the judgment of the Department.

14 (3) For an applicant who is a graduate of a United
15 States chiropractic college after August 19, 1981, the
16 college of the applicant must be fully accredited by
17 the Commission on Accreditation of the Council on
18 Chiropractic Education or its successor at the time of
19 graduation. Such graduates shall be considered to have
20 met the minimum requirements which shall be in addition
21 to those requirements set forth in the rules and
22 regulations promulgated by the Department.

23 (4) For an applicant who is a graduate of a
24 chiropractic college in another country; that such
25 chiropractic college be equivalent to the standards of
26 education as set forth for chiropractic colleges
27 located in the United States.

28 (5) For an applicant who was a resident student and
29 is a graduate of a naturopathic college after September
30 1, 1978, that the applicant has completed a 2-year
31 course of instruction in a liberal arts college, or its
32 equivalent, and a full-time course of instruction in a
33 naturopathic college in the treatment of human
34 ailments. The course of instruction must be at least
35 132 weeks in duration and must have been completed
36 within a period of not less than 35 months. The college

1 of liberal arts and naturopathic college must be
2 reputable and in good standing in the judgment of the
3 Department.

4 (6) For an applicant who is a graduate of a
5 naturopathic college after November 30, 1999, that
6 such applicant has completed a 2-year course of
7 instruction in a college of liberal arts, or its
8 equivalent, and a naturopathic medical education
9 program in the United States accredited by the Council
10 on Naturopathic Medical Education or an equivalent
11 federally recognized accrediting body for the
12 naturopathic medical profession recognized by the
13 Department. An applicant may also be a graduate of a
14 naturopathic medical education program that is a
15 candidate for accreditation from the Council on
16 Naturopathic Education or equivalent federally
17 recognized accrediting body. The naturopathic medical
18 education program shall offer graduate-level full-time
19 didactic and supervised clinical training leading to
20 the degree of Doctor of Naturopathy or Doctor of
21 Naturopathic Medicine. Additionally, the program shall
22 be an institution of higher education, or part of an
23 institution of higher education, that is either
24 accredited or is a candidate for accreditation by a
25 regional institutional accrediting agency recognized
26 by the United States Secretary of Education.

27 (7) For an applicant who is a graduate of a
28 naturopathic college in another country, that such
29 naturopathic college be equivalent to the standards of
30 education as set forth for naturopathic colleges
31 located in the United States.

32 (C) Treating human ailments with limited prescriptive
33 authority. For the practice of treating human ailments with
34 limited prescriptive authority, all requirements of
35 treating human ailments without drugs and without surgery
36 as set forth in paragraph (5), (6), or (7) of subsection

1 (B) of Section 11 must be met and the following educational
2 requirements must be demonstrated:

3 (1) Completion of at least 5 quarter credits, which
4 shall be at least the equivalent of 55 hours in
5 pharmacology during the course of the naturopathic
6 medical education program.

7 (2) Demonstration of passage of the pharmacology
8 section of the national naturopathic physicians
9 licensing examination or the equivalent of that exam.

10 (D) Treating human ailments through the performance of
11 minor office procedures. For the practice of treating human
12 ailments through the performance of minor office
13 procedures, all requirements of treating human ailments
14 without drugs and and without surgery as set forth in
15 paragraph (5), (6), or (7) of subsection (B) of Section 11
16 must be met and the following educational requirements must
17 be demonstrated:

18 (1) Completion of at least 3 quarter credits to be
19 at least the equivalent of 33 hours in minor office
20 procedures during the course of the naturopathic
21 medical education program.

22 (2) Demonstration of passage of the minor surgery
23 section of national naturopathic physicians licensing
24 examination or equivalent.

25 (Source: P.A. 89-702, eff. 7-1-97; 90-818, eff. 3-23-99.)

26 (225 ILCS 60/14) (from Ch. 111, par. 4400-14)

27 (Section scheduled to be repealed on January 1, 2007)

28 Sec. 14. Chiropractic and naturopathic students.

29 (A) Candidates for the degree of doctor of chiropractic
30 enrolled in a chiropractic college, accredited by the Council
31 on Chiropractic Education, may practice under the direct,
32 on-premises supervision of a physician who is licensed to treat
33 human ailments without the use of drugs and without operative
34 surgery and who is a member of the faculty of an accredited
35 chiropractic college.

1 (B) Candidates for the degree of doctor of naturopathic
2 medicine enrolled in a naturopathic college accredited by the
3 Council on Naturopathic Medical Education or an equivalent
4 federally recognized accrediting body for the naturopathic
5 medical profession or by a private not-for-profit accrediting
6 body approved by the Department may practice under the direct,
7 on-premises supervision of a physician who is licensed to treat
8 human ailments with limited prescriptive authority and through
9 the performance of minor office procedures, a physician who is
10 licensed to treat human ailments without the use of drugs and
11 without operative surgery, or a physician who is licensed to
12 practice medicine in all of its branches and who is a member of
13 the faculty of an accredited naturopathic college.

14 (Source: P.A. 89-702, eff. 7-1-97.)

15 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

16 (Section scheduled to be repealed on January 1, 2007)

17 Sec. 15. Physician licensed to practice with limited
18 prescriptive authority, through the performance of minor
19 office procedures, or without drugs and operative surgery;
20 license for general practice. Any physician licensed under this
21 Act to treat human ailments with limited prescriptive
22 authority, through the performance of minor office procedures,
23 or without the use of prescriptive drugs and operative surgery
24 shall be permitted to take the examination for licensure as a
25 physician to practice medicine in all its branches and shall
26 receive a license to practice medicine in all of its branches
27 if he or she shall successfully pass such examination, upon
28 proof of having successfully completed in a medical college,
29 osteopathic college, naturopathic college, or chiropractic
30 college reputable and in good standing in the judgment of the
31 Department, courses of instruction in materia medica,
32 therapeutics, surgery, obstetrics, and theory and practice
33 deemed by the Department to be equal to the courses of
34 instruction required in those subjects for admission to the
35 examination for a license to practice medicine in all of its

1 branches, together with proof of having completed (a) the 2
2 year course of instruction in a college of liberal arts, or its
3 equivalent, required under this Act, and (b) a course of
4 postgraduate clinical training of not less than 24 months as
5 approved by the Department.

6 (Source: P.A. 89-702, eff. 7-1-97.)

7 (225 ILCS 60/16) (from Ch. 111, par. 4400-16)

8 (Section scheduled to be repealed on January 1, 2007)

9 Sec. 16. Ineligibility for examination. Any person who
10 shall fail any examination for licensure as a medical doctor,
11 doctor of osteopathy or osteopathic medicine, doctor of
12 naturopathic medicine, or doctor of chiropractic in this or any
13 other jurisdiction a total of 5 times shall thereafter be
14 ineligible for further examinations until such time as such
15 person shall submit to the Department evidence of further
16 formal professional study, as required by rule of the
17 Department, in an accredited institution.

18 (Source: P.A. 89-702, eff. 7-1-97.)

19 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

20 (Section scheduled to be repealed on January 1, 2007)

21 Sec. 17. Temporary license. Persons holding the degree of
22 Doctor of Medicine, persons holding the degree of Doctor of
23 Osteopathy or Doctor of Osteopathic Medicine, persons holding
24 the degree of Doctor of Naturopathic Medicine, or the degree of
25 Doctor of Naturopathy and persons holding the degree of Doctor
26 of Chiropractic or persons who have satisfied the requirements
27 therefor and are eligible to receive such degree from a
28 medical, osteopathic, naturopathic, or chiropractic school,
29 who wish to pursue programs of graduate or specialty training
30 in this State, may receive without examination, in the
31 discretion of the Department, a 3-year temporary license. In
32 order to receive a 3-year temporary license hereunder, an
33 applicant shall furnish satisfactory proof to the Department
34 that the applicant:

1 (A) Is of good moral character. In determining moral
2 character under this Section, the Department may take into
3 consideration whether the applicant has engaged in conduct
4 or activities which would constitute grounds for
5 discipline under this Act. The Department may also request
6 the applicant to submit, and may consider as evidence of
7 moral character, endorsements from 2 or 3 individuals
8 licensed under this Act;

9 (B) Has been accepted or appointed for specialty or
10 residency training by a hospital situated in this State or
11 a training program in hospitals or facilities maintained by
12 the State of Illinois or affiliated training facilities
13 which is approved by the Department for the purpose of such
14 training under this Act. The applicant shall indicate the
15 beginning and ending dates of the period for which the
16 applicant has been accepted or appointed;

17 (C) Has or will satisfy the professional education
18 requirements of Section 11 of this Act which are effective
19 at the date of application except for postgraduate clinical
20 training;

21 (D) Is physically, mentally, and professionally
22 capable of practicing medicine or treating human ailments
23 with limited prescriptive authority, through the
24 performance of minor office procedures, or without the use
25 of drugs or operative surgery with reasonable judgment,
26 skill, and safety. In determining physical, mental and
27 professional capacity under this Section, the Medical
28 Licensing Board may, upon a showing of a possible
29 incapacity, compel an applicant to submit to a mental or
30 physical examination, or both, and may condition or
31 restrict any temporary license, subject to the same terms
32 and conditions as are provided for the Medical Disciplinary
33 Board under Section 22 of this Act. Any such condition of
34 restricted temporary license shall provide that the Chief
35 Medical Coordinator or Deputy Medical Coordinator shall
36 have the authority to review the subject physician's

1 compliance with such conditions or restrictions,
2 including, where appropriate, the physician's record of
3 treatment and counseling regarding the impairment, to the
4 extent permitted by applicable federal statutes and
5 regulations safeguarding the confidentiality of medical
6 records of patients.

7 Three-year temporary licenses issued pursuant to this
8 Section shall be valid only for the period of time designated
9 therein, and may be extended or renewed pursuant to the rules
10 of the Department, and if a temporary license is thereafter
11 extended, it shall not extend beyond completion of the
12 residency program. The holder of a valid 3-year temporary
13 license shall be entitled thereby to perform only such acts as
14 may be prescribed by and incidental to their program of
15 residency training; they shall not be entitled to otherwise
16 engage in the practice of medicine in this State unless fully
17 licensed in this State.

18 A 3-year temporary license may be revoked by the Department
19 upon proof that the holder thereof has engaged in the practice
20 of medicine in this State outside of the program of their
21 residency or specialty training, or if the holder shall fail to
22 supply the Department, within 10 days of its request, with
23 information as to their current status and activities in their
24 specialty training program.

25 (Source: P.A. 89-702, eff. 7-1-97; 90-54, eff. 7-3-97.)

26 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

27 (Section scheduled to be repealed on January 1, 2007)

28 Sec. 18. Visiting professor, physician, or resident
29 permits.

30 (A) Visiting professor permit.

31 (1) A visiting professor permit shall entitle a person
32 to practice medicine in all of its branches or to practice
33 the treatment of human ailments with limited prescriptive
34 authority, through the performance of minor office
35 procedures, or without the use of drugs and without

1 operative surgery provided:

2 (a) the person maintains an equivalent
3 authorization to practice medicine in all of its
4 branches or to practice the treatment of human ailments
5 with limited prescriptive authority, through the
6 performance of minor office procedures, or without the
7 use of drugs and without operative surgery in good
8 standing in their native licensing jurisdiction during
9 the period of the visiting professor permit;

10 (b) the person has received a faculty appointment
11 to teach in a medical, osteopathic, naturopathic, or
12 chiropractic school in Illinois; and

13 (c) the Department may prescribe the information
14 necessary to establish an applicant's eligibility for
15 a permit. This information shall include without
16 limitation (i) a statement from the dean of the medical
17 school at which the applicant will be employed
18 describing the applicant's qualifications and (ii) a
19 statement from the dean of the medical school listing
20 every affiliated institution in which the applicant
21 will be providing instruction as part of the medical
22 school's education program and justifying any clinical
23 activities at each of the institutions listed by the
24 dean.

25 (2) Application for visiting professor permits shall
26 be made to the Department, in writing, on forms prescribed
27 by the Department and shall be accompanied by the required
28 fee established by rule, which shall not be refundable. Any
29 application shall require the information as, in the
30 judgment of the Department, will enable the Department to
31 pass on the qualifications of the applicant.

32 (3) A visiting professor permit shall be valid for no
33 longer than 2 years from the date of issuance or until the
34 time the faculty appointment is terminated, whichever
35 occurs first, and may be renewed only in accordance with
36 subdivision (A) (6) of this Section.

1 (4) The applicant may be required to appear before the
2 Medical Licensing Board for an interview prior to, and as a
3 requirement for, the issuance of the original permit and
4 the renewal.

5 (5) Persons holding a permit under this Section shall
6 only practice medicine in all of its branches or practice
7 the treatment of human ailments with limited prescriptive
8 authority, through the performance of minor office
9 procedures, or without the use of drugs and without
10 operative surgery in the State of Illinois in their
11 official capacity under their contract within the medical
12 school itself and any affiliated institution in which the
13 permit holder is providing instruction as part of the
14 medical school's educational program and for which the
15 medical school has assumed direct responsibility.

16 (6) A visiting professor permit shall be valid until
17 the last day of the next physician license renewal period,
18 as set by rule, and may only be renewed for applicants who
19 meet the following requirements:

20 (i) have obtained the required continuing
21 education hours as set by rule; and

22 (ii) have paid the fee prescribed for a license
23 under Section 21 of this Act.

24 For initial renewal, the visiting professor must
25 successfully pass a general competency examination authorized
26 by the Department by rule.

27 (B) Visiting physician permit.

28 (1) The Department may, in its discretion, issue a
29 temporary visiting physician permit, without examination,
30 provided:

31 (a) (blank);

32 (b) that the person maintains an equivalent
33 authorization to practice medicine in all of its
34 branches or to practice the treatment of human ailments
35 with limited prescriptive authority, through the

1 performance of minor office procedures, or without the
2 use of drugs and without operative surgery in good
3 standing in his or her native licensing jurisdiction
4 during the period of the temporary visiting physician
5 permit;

6 (c) that the person has received an invitation or
7 appointment to study, demonstrate, or perform a
8 specific medical, osteopathic, naturopathic,
9 chiropractic or clinical subject or technique in a
10 medical, osteopathic, naturopathic, or chiropractic
11 school, a hospital licensed under the Hospital
12 Licensing Act, a hospital organized under the
13 University of Illinois Hospital Act, or a facility
14 operated pursuant to the Ambulatory Surgical Treatment
15 Center Act; and

16 (d) that the temporary visiting physician permit
17 shall only permit the holder to practice medicine in
18 all of its branches or practice the treatment of human
19 ailments with limited prescriptive authority, through
20 the performance of minor office procedures, or without
21 the use of drugs and without operative surgery within
22 the scope of the medical, osteopathic, naturopathic,
23 chiropractic, or clinical studies for which the holder
24 was invited or appointed.

25 (2) The application for the temporary visiting
26 physician permit shall be made to the Department, in
27 writing, on forms prescribed by the Department, and shall
28 be accompanied by the required fee established by rule,
29 which shall not be refundable. The application shall
30 require information that, in the judgment of the
31 Department, will enable the Department to pass on the
32 qualification of the applicant, and the necessity for the
33 granting of a temporary visiting physician permit.

34 (3) A temporary visiting physician permit shall be
35 valid for 180 days from the date of issuance or until the
36 time the medical, osteopathic, naturopathic, chiropractic,

1 or clinical studies are completed, whichever occurs first.

2 (4) The applicant for a temporary visiting physician
3 permit may be required to appear before the Medical
4 Licensing Board for an interview prior to, and as a
5 requirement for, the issuance of a temporary visiting
6 physician permit.

7 (5) A limited temporary visiting physician permit
8 shall be issued to a physician licensed in another state
9 who has been requested to perform emergency procedures in
10 Illinois if he or she meets the requirements as established
11 by rule.

12 (C) Visiting resident permit.

13 (1) The Department may, in its discretion, issue a
14 temporary visiting resident permit, without examination,
15 provided:

16 (a) (blank);

17 (b) that the person maintains an equivalent
18 authorization to practice medicine in all of its
19 branches or to practice the treatment of human ailments
20 with limited prescriptive authority, through the
21 performance of minor office procedures, or without the
22 use of drugs and without operative surgery in good
23 standing in his or her native licensing jurisdiction
24 during the period of the temporary visiting resident
25 permit;

26 (c) that the applicant is enrolled in a
27 postgraduate clinical training program outside the
28 State of Illinois that is approved by the Department;

29 (d) that the individual has been invited or
30 appointed for a specific period of time to perform a
31 portion of that post graduate clinical training
32 program under the supervision of an Illinois licensed
33 physician in an Illinois patient care clinic or
34 facility that is affiliated with the out-of-State post
35 graduate training program; and

1 (e) that the temporary visiting resident permit
2 shall only permit the holder to practice medicine in
3 all of its branches or practice the treatment of human
4 ailments without the use of drugs and without operative
5 surgery within the scope of the medical, osteopathic,
6 naturopathic, chiropractic or clinical studies for
7 which the holder was invited or appointed.

8 (2) The application for the temporary visiting
9 resident permit shall be made to the Department, in
10 writing, on forms prescribed by the Department, and shall
11 be accompanied by the required fee established by rule. The
12 application shall require information that, in the
13 judgment of the Department, will enable the Department to
14 pass on the qualifications of the applicant.

15 (3) A temporary visiting resident permit shall be valid
16 for 180 days from the date of issuance or until the time
17 the medical, osteopathic, chiropractic, or clinical
18 studies are completed, whichever occurs first.

19 (4) The applicant for a temporary visiting resident
20 permit may be required to appear before the Medical
21 Licensing Board for an interview prior to, and as a
22 requirement for, the issuance of a temporary visiting
23 resident permit.

24 (Source: P.A. 91-357, eff. 7-29-99; 92-100, eff. 7-20-01.)

25 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

26 (Section scheduled to be repealed on January 1, 2007)

27 Sec. 19. Licensure without examination. The Department
28 may, in its discretion, issue a license without examination to
29 any person who is currently licensed to practice medicine in
30 all of its branches, or to practice the treatment of human
31 ailments with limited prescriptive authority, through the
32 performance of minor office procedures, or without the use of
33 drugs or operative surgery, in any other state, territory,
34 country or province, upon the following conditions:

35 (A) (Blank);

1 (B) That the applicant is of good moral character. In
2 determining moral character under this Section, the
3 Department may take into consideration whether the
4 applicant has engaged in conduct or activities which would
5 constitute grounds for discipline under this Act. The
6 Department may also request the applicant to submit, and
7 may consider as evidence of moral character, endorsements
8 from 2 or 3 individuals licensed under this Act;

9 (C) That the applicant is physically, mentally and
10 professionally capable of practicing medicine with
11 reasonable judgment, skill and safety. In determining
12 physical, mental and professional capacity under this
13 Section the Medical Licensing Board may, upon a showing of
14 a possible incapacity, compel an applicant to submit to a
15 mental or physical examination, or both, and may condition
16 or restrict any license, subject to the same terms and
17 conditions as are provided for the Medical Disciplinary
18 Board under Section 22 of this Act. The Medical Licensing
19 Board or the Department may order the examining physician
20 to present testimony concerning this mental or physical
21 examination of the applicant. No information shall be
22 excluded by reason of any common law or statutory privilege
23 relating to communications between the applicant and the
24 examining physician. Any condition of restricted license
25 shall provide that the Chief Medical Coordinator or Deputy
26 Medical Coordinator shall have the authority to review the
27 subject physician's compliance with such conditions or
28 restrictions, including, where appropriate, the
29 physician's record of treatment and counseling regarding
30 the impairment, to the extent permitted by applicable
31 federal statutes and regulations safeguarding the
32 confidentiality of medical records of patients.

33 (D) That if the applicant seeks to practice medicine in
34 all of its branches:

35 (1) if the applicant was licensed in another
36 jurisdiction prior to January 1, 1988, that the

1 applicant has satisfied the educational requirements
2 of paragraph (1) of subsection (A) or paragraph (2) of
3 subsection (A) of Section 11 of this Act; or

4 (2) if the applicant was licensed in another
5 jurisdiction after December 31, 1987, that the
6 applicant has satisfied the educational requirements
7 of paragraph (A) (2) of Section 11 of this Act; and

8 (3) the requirements for a license to practice
9 medicine in all of its branches in the particular
10 state, territory, country or province in which the
11 applicant is licensed are deemed by the Department to
12 have been substantially equivalent to the requirements
13 for a license to practice medicine in all of its
14 branches in force in this State at the date of the
15 applicant's license;

16 (E) That if the applicant seeks to treat human ailments
17 without the use of drugs and without operative surgery:

18 (1) the applicant is a graduate of a naturopathic
19 or chiropractic school or college approved by the
20 Department at the time of their graduation;

21 (2) the requirements for the applicant's license
22 to practice the treatment of human ailments without the
23 use of drugs are deemed by the Department to have been
24 substantially equivalent to the requirements for a
25 license to practice in this State at the date of the
26 applicant's license;

27 (F) That the Department may, in its discretion, issue a
28 license, without examination, to any graduate of a medical
29 or osteopathic college, reputable and in good standing in
30 the judgment of the Department, who has passed an
31 examination for admission to the United States Public
32 Health Service, or who has passed any other examination
33 deemed by the Department to have been at least equal in all
34 substantial respects to the examination required for
35 admission to any such medical corps;

36 (G) That applications for licenses without examination

1 shall be filed with the Department, under oath, on forms
2 prepared and furnished by the Department, and shall set
3 forth, and applicants therefor shall supply such
4 information respecting the life, education, professional
5 practice, and moral character of applicants as the
6 Department may require to be filed for its use;

7 (H) That the applicant undergo the criminal background
8 check established under Section 9.7 of this Act.

9 (I) That if the applicant seeks to treat human ailments
10 with limited prescriptive authority or through the
11 performance of minor office procedures:

12 (1) the applicant must be a graduate of a
13 naturopathic school or college approved by the
14 Department at the time of his or her graduation;

15 (2) if the applicant is a graduate of a
16 naturopathic school or college and was licensed in
17 another jurisdiction prior to January 1, 2005, the
18 applicant must have satisfied the educational
19 requirements of subsections (C) and (D) of Section 11
20 of this Act; and

21 (3) the requirements for the applicant's license
22 to practice the treatment of human ailments with
23 limited prescriptive authority or through the
24 performance of minor office procedures must be deemed
25 by the Department to have been substantially
26 equivalent to the requirements for a license to
27 practice in this State at the time the applicant's
28 license was issued.

29 In the exercise of its discretion under this Section, the
30 Department is empowered to consider and evaluate each applicant
31 on an individual basis. It may take into account, among other
32 things, the extent to which there is or is not available to the
33 Department, authentic and definitive information concerning
34 the quality of medical education and clinical training which
35 the applicant has had. Under no circumstances shall a license
36 be issued under the provisions of this Section to any person

1 who has previously taken and failed the written examination
2 conducted by the Department for such license. In determining
3 moral character, the Department may take into consideration
4 whether the applicant has engaged in conduct or activities
5 which would constitute grounds for discipline under this Act.
6 The Department may also request the applicant to submit, and
7 may consider as evidence of moral character, evidence from 2 or
8 3 individuals licensed under this Act. Applicants have 3 years
9 from the date of application to complete the application
10 process. If the process has not been completed within 3 years,
11 the application shall be denied, the fees shall be forfeited,
12 and the applicant must reapply and meet the requirements in
13 effect at the time of reapplication.

14 (Source: P.A. 89-702, eff. 7-1-97; 90-722, eff. 1-1-99.)

15 (225 ILCS 60/20) (from Ch. 111, par. 4400-20)

16 (Section scheduled to be repealed on January 1, 2007)

17 Sec. 20. Continuing education. The Department shall
18 promulgate rules of continuing education for persons licensed
19 under this Act that require 150 hours of continuing education
20 per license renewal cycle. These rules shall be consistent with
21 requirements of relevant professional associations, speciality
22 societies, or boards. The rules shall also address variances in
23 part or in whole for good cause, including but not limited to
24 illness or hardship. In establishing these rules, the
25 Department shall consider educational requirements for medical
26 staffs, requirements for specialty society board certification
27 or for continuing education requirements as a condition of
28 membership in societies representing the 3 ~~2~~ categories of
29 licensee under this Act. These rules shall assure that
30 licensees are given the opportunity to participate in those
31 programs sponsored by or through their professional
32 associations or hospitals which are relevant to their practice.
33 Each licensee is responsible for maintaining records of
34 completion of continuing education and shall be prepared to
35 produce the records when requested by the Department.

1 (Source: P.A. 92-750, eff. 1-1-03.)

2 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

3 (Section scheduled to be repealed on January 1, 2007)

4 Sec. 22. Disciplinary action.

5 (A) The Department may revoke, suspend, place on
6 probationary status, or take any other disciplinary action as
7 the Department may deem proper with regard to the license or
8 visiting professor permit of any person issued under this Act
9 to practice medicine, or to treat human ailments without the
10 use of drugs and without operative surgery upon any of the
11 following grounds:

12 (1) Performance of an elective abortion in any place,
13 locale, facility, or institution other than:

14 (a) a facility licensed pursuant to the Ambulatory
15 Surgical Treatment Center Act;

16 (b) an institution licensed under the Hospital
17 Licensing Act; or

18 (c) an ambulatory surgical treatment center or
19 hospitalization or care facility maintained by the
20 State or any agency thereof, where such department or
21 agency has authority under law to establish and enforce
22 standards for the ambulatory surgical treatment
23 centers, hospitalization, or care facilities under its
24 management and control; or

25 (d) ambulatory surgical treatment centers,
26 hospitalization or care facilities maintained by the
27 Federal Government; or

28 (e) ambulatory surgical treatment centers,
29 hospitalization or care facilities maintained by any
30 university or college established under the laws of
31 this State and supported principally by public funds
32 raised by taxation.

33 (2) Performance of an abortion procedure in a wilful
34 and wanton manner on a woman who was not pregnant at the
35 time the abortion procedure was performed.

1 (3) The conviction of a felony in this or any other
2 jurisdiction, except as otherwise provided in subsection B
3 of this Section, whether or not related to practice under
4 this Act, or the entry of a guilty or nolo contendere plea
5 to a felony charge.

6 (4) Gross negligence in practice under this Act.

7 (5) Engaging in dishonorable, unethical or
8 unprofessional conduct of a character likely to deceive,
9 defraud or harm the public.

10 (6) Obtaining any fee by fraud, deceit, or
11 misrepresentation.

12 (7) Habitual or excessive use or abuse of drugs defined
13 in law as controlled substances, of alcohol, or of any
14 other substances which results in the inability to practice
15 with reasonable judgment, skill or safety.

16 (8) Practicing under a false or, except as provided by
17 law, an assumed name.

18 (9) Fraud or misrepresentation in applying for, or
19 procuring, a license under this Act or in connection with
20 applying for renewal of a license under this Act.

21 (10) Making a false or misleading statement regarding
22 their skill or the efficacy or value of the medicine,
23 treatment, or remedy prescribed by them at their direction
24 in the treatment of any disease or other condition of the
25 body or mind.

26 (11) Allowing another person or organization to use
27 their license, procured under this Act, to practice.

28 (12) Disciplinary action of another state or
29 jurisdiction against a license or other authorization to
30 practice as a medical doctor, doctor of osteopathy, doctor
31 of osteopathic medicine, doctor of naturopathic medicine,
32 or doctor of chiropractic, a certified copy of the record
33 of the action taken by the other state or jurisdiction
34 being prima facie evidence thereof.

35 (13) Violation of any provision of this Act or of the
36 Medical Practice Act prior to the repeal of that Act, or

1 violation of the rules, or a final administrative action of
2 the Director, after consideration of the recommendation of
3 the Disciplinary Board.

4 (14) Dividing with anyone other than physicians with
5 whom the licensee practices in a partnership, Professional
6 Association, limited liability company, or Medical or
7 Professional Corporation any fee, commission, rebate or
8 other form of compensation for any professional services
9 not actually and personally rendered. Nothing contained in
10 this subsection prohibits persons holding valid and
11 current licenses under this Act from practicing medicine in
12 partnership under a partnership agreement, including a
13 limited liability partnership, in a limited liability
14 company under the Limited Liability Company Act, in a
15 corporation authorized by the Medical Corporation Act, as
16 an association authorized by the Professional Association
17 Act, or in a corporation under the Professional Corporation
18 Act or from pooling, sharing, dividing or apportioning the
19 fees and monies received by them or by the partnership,
20 corporation or association in accordance with the
21 partnership agreement or the policies of the Board of
22 Directors of the corporation or association. Nothing
23 contained in this subsection prohibits 2 or more
24 corporations authorized by the Medical Corporation Act,
25 from forming a partnership or joint venture of such
26 corporations, and providing medical, surgical and
27 scientific research and knowledge by employees of these
28 corporations if such employees are licensed under this Act,
29 or from pooling, sharing, dividing, or apportioning the
30 fees and monies received by the partnership or joint
31 venture in accordance with the partnership or joint venture
32 agreement. Nothing contained in this subsection shall
33 abrogate the right of 2 or more persons, holding valid and
34 current licenses under this Act, to each receive adequate
35 compensation for concurrently rendering professional
36 services to a patient and divide a fee; provided, the

1 patient has full knowledge of the division, and, provided,
2 that the division is made in proportion to the services
3 performed and responsibility assumed by each.

4 (15) A finding by the Medical Disciplinary Board that
5 the registrant after having his or her license placed on
6 probationary status or subjected to conditions or
7 restrictions violated the terms of the probation or failed
8 to comply with such terms or conditions.

9 (16) Abandonment of a patient.

10 (17) Prescribing, selling, administering,
11 distributing, giving or self-administering any drug
12 classified as a controlled substance (designated product)
13 or narcotic for other than medically accepted therapeutic
14 purposes.

15 (18) Promotion of the sale of drugs, devices,
16 appliances or goods provided for a patient in such manner
17 as to exploit the patient for financial gain of the
18 physician.

19 (19) Offering, undertaking or agreeing to cure or treat
20 disease by a secret method, procedure, treatment or
21 medicine, or the treating, operating or prescribing for any
22 human condition by a method, means or procedure which the
23 licensee refuses to divulge upon demand of the Department.

24 (20) Immoral conduct in the commission of any act
25 including, but not limited to, commission of an act of
26 sexual misconduct related to the licensee's practice.

27 (21) Wilfully making or filing false records or reports
28 in his or her practice as a physician, including, but not
29 limited to, false records to support claims against the
30 medical assistance program of the Department of Public Aid
31 under the Illinois Public Aid Code.

32 (22) Wilful omission to file or record, or wilfully
33 impeding the filing or recording, or inducing another
34 person to omit to file or record, medical reports as
35 required by law, or wilfully failing to report an instance
36 of suspected abuse or neglect as required by law.

1 (23) Being named as a perpetrator in an indicated
2 report by the Department of Children and Family Services
3 under the Abused and Neglected Child Reporting Act, and
4 upon proof by clear and convincing evidence that the
5 licensee has caused a child to be an abused child or
6 neglected child as defined in the Abused and Neglected
7 Child Reporting Act.

8 (24) Solicitation of professional patronage by any
9 corporation, agents or persons, or profiting from those
10 representing themselves to be agents of the licensee.

11 (25) Gross and wilful and continued overcharging for
12 professional services, including filing false statements
13 for collection of fees for which services are not rendered,
14 including, but not limited to, filing such false statements
15 for collection of monies for services not rendered from the
16 medical assistance program of the Department of Public Aid
17 under the Illinois Public Aid Code.

18 (26) A pattern of practice or other behavior which
19 demonstrates incapacity or incompetence to practice under
20 this Act.

21 (27) Mental illness or disability which results in the
22 inability to practice under this Act with reasonable
23 judgment, skill or safety.

24 (28) Physical illness, including, but not limited to,
25 deterioration through the aging process, or loss of motor
26 skill which results in a physician's inability to practice
27 under this Act with reasonable judgment, skill or safety.

28 (29) Cheating on or attempt to subvert the licensing
29 examinations administered under this Act.

30 (30) Wilfully or negligently violating the
31 confidentiality between physician and patient except as
32 required by law.

33 (31) The use of any false, fraudulent, or deceptive
34 statement in any document connected with practice under
35 this Act.

36 (32) Aiding and abetting an individual not licensed

1 under this Act in the practice of a profession licensed
2 under this Act.

3 (33) Violating state or federal laws or regulations
4 relating to controlled substances.

5 (34) Failure to report to the Department any adverse
6 final action taken against them by another licensing
7 jurisdiction (any other state or any territory of the
8 United States or any foreign state or country), by any peer
9 review body, by any health care institution, by any
10 professional society or association related to practice
11 under this Act, by any governmental agency, by any law
12 enforcement agency, or by any court for acts or conduct
13 similar to acts or conduct which would constitute grounds
14 for action as defined in this Section.

15 (35) Failure to report to the Department surrender of a
16 license or authorization to practice as a medical doctor, a
17 doctor of osteopathy, a doctor of osteopathic medicine,
18 doctor of naturopathic medicine, or doctor of chiropractic
19 in another state or jurisdiction, or surrender of
20 membership on any medical staff or in any medical or
21 professional association or society, while under
22 disciplinary investigation by any of those authorities or
23 bodies, for acts or conduct similar to acts or conduct
24 which would constitute grounds for action as defined in
25 this Section.

26 (36) Failure to report to the Department any adverse
27 judgment, settlement, or award arising from a liability
28 claim related to acts or conduct similar to acts or conduct
29 which would constitute grounds for action as defined in
30 this Section.

31 (37) Failure to transfer copies of medical records as
32 required by law.

33 (38) Failure to furnish the Department, its
34 investigators or representatives, relevant information,
35 legally requested by the Department after consultation
36 with the Chief Medical Coordinator or the Deputy Medical

1 Coordinator.

2 (39) Violating the Health Care Worker Self-Referral
3 Act.

4 (40) Willful failure to provide notice when notice is
5 required under the Parental Notice of Abortion Act of 1995.

6 (41) Failure to establish and maintain records of
7 patient care and treatment as required by this law.

8 (42) Entering into an excessive number of written
9 collaborative agreements with licensed advanced practice
10 nurses resulting in an inability to adequately collaborate
11 and provide medical direction.

12 (43) Repeated failure to adequately collaborate with
13 or provide medical direction to a licensed advanced
14 practice nurse.

15 (44) Prescribing, selling, administering,
16 distributing, giving, or self-administering any drug
17 without the authorization to do so as outlined in this Act.

18 (45) Performing or directing a minor office procedure
19 without the authorization to do so as set forth in this
20 Act.

21 All proceedings to suspend, revoke, place on probationary
22 status, or take any other disciplinary action as the Department
23 may deem proper, with regard to a license on any of the
24 foregoing grounds, must be commenced within 3 years next after
25 receipt by the Department of a complaint alleging the
26 commission of or notice of the conviction order for any of the
27 acts described herein. Except for the grounds numbered (8), (9)
28 and (29), no action shall be commenced more than 5 years after
29 the date of the incident or act alleged to have violated this
30 Section. In the event of the settlement of any claim or cause
31 of action in favor of the claimant or the reduction to final
32 judgment of any civil action in favor of the plaintiff, such
33 claim, cause of action or civil action being grounded on the
34 allegation that a person licensed under this Act was negligent
35 in providing care, the Department shall have an additional
36 period of one year from the date of notification to the

1 Department under Section 23 of this Act of such settlement or
2 final judgment in which to investigate and commence formal
3 disciplinary proceedings under Section 36 of this Act, except
4 as otherwise provided by law. The time during which the holder
5 of the license was outside the State of Illinois shall not be
6 included within any period of time limiting the commencement of
7 disciplinary action by the Department.

8 The entry of an order or judgment by any circuit court
9 establishing that any person holding a license under this Act
10 is a person in need of mental treatment operates as a
11 suspension of that license. That person may resume their
12 practice only upon the entry of a Departmental order based upon
13 a finding by the Medical Disciplinary Board that they have been
14 determined to be recovered from mental illness by the court and
15 upon the Disciplinary Board's recommendation that they be
16 permitted to resume their practice.

17 The Department may refuse to issue or take disciplinary
18 action concerning the license of any person who fails to file a
19 return, or to pay the tax, penalty or interest shown in a filed
20 return, or to pay any final assessment of tax, penalty or
21 interest, as required by any tax Act administered by the
22 Illinois Department of Revenue, until such time as the
23 requirements of any such tax Act are satisfied as determined by
24 the Illinois Department of Revenue.

25 The Department, upon the recommendation of the
26 Disciplinary Board, shall adopt rules which set forth standards
27 to be used in determining:

28 (a) when a person will be deemed sufficiently
29 rehabilitated to warrant the public trust;

30 (b) what constitutes dishonorable, unethical or
31 unprofessional conduct of a character likely to deceive,
32 defraud, or harm the public;

33 (c) what constitutes immoral conduct in the commission
34 of any act, including, but not limited to, commission of an
35 act of sexual misconduct related to the licensee's
36 practice; and

1 (d) what constitutes gross negligence in the practice
2 of medicine.

3 However, no such rule shall be admissible into evidence in
4 any civil action except for review of a licensing or other
5 disciplinary action under this Act.

6 In enforcing this Section, the Medical Disciplinary Board,
7 upon a showing of a possible violation, may compel any
8 individual licensed to practice under this Act, or who has
9 applied for licensure or a permit pursuant to this Act, to
10 submit to a mental or physical examination, or both, as
11 required by and at the expense of the Department. The examining
12 physician or physicians shall be those specifically designated
13 by the Disciplinary Board. The Medical Disciplinary Board or
14 the Department may order the examining physician to present
15 testimony concerning this mental or physical examination of the
16 licensee or applicant. No information shall be excluded by
17 reason of any common law or statutory privilege relating to
18 communication between the licensee or applicant and the
19 examining physician. The individual to be examined may have, at
20 his or her own expense, another physician of his or her choice
21 present during all aspects of the examination. Failure of any
22 individual to submit to mental or physical examination, when
23 directed, shall be grounds for suspension of his or her license
24 until such time as the individual submits to the examination if
25 the Disciplinary Board finds, after notice and hearing, that
26 the refusal to submit to the examination was without reasonable
27 cause. If the Disciplinary Board finds a physician unable to
28 practice because of the reasons set forth in this Section, the
29 Disciplinary Board shall require such physician to submit to
30 care, counseling, or treatment by physicians approved or
31 designated by the Disciplinary Board, as a condition for
32 continued, reinstated, or renewed licensure to practice. Any
33 physician, whose license was granted pursuant to Sections 9,
34 17, or 19 of this Act, or, continued, reinstated, renewed,
35 disciplined or supervised, subject to such terms, conditions or
36 restrictions who shall fail to comply with such terms,

1 conditions or restrictions, or to complete a required program
2 of care, counseling, or treatment, as determined by the Chief
3 Medical Coordinator or Deputy Medical Coordinators, shall be
4 referred to the Director for a determination as to whether the
5 licensee shall have their license suspended immediately,
6 pending a hearing by the Disciplinary Board. In instances in
7 which the Director immediately suspends a license under this
8 Section, a hearing upon such person's license must be convened
9 by the Disciplinary Board within 15 days after such suspension
10 and completed without appreciable delay. The Disciplinary
11 Board shall have the authority to review the subject
12 physician's record of treatment and counseling regarding the
13 impairment, to the extent permitted by applicable federal
14 statutes and regulations safeguarding the confidentiality of
15 medical records.

16 An individual licensed under this Act, affected under this
17 Section, shall be afforded an opportunity to demonstrate to the
18 Disciplinary Board that they can resume practice in compliance
19 with acceptable and prevailing standards under the provisions
20 of their license.

21 The Department may promulgate rules for the imposition of
22 fines in disciplinary cases, not to exceed \$5,000 for each
23 violation of this Act. Fines may be imposed in conjunction with
24 other forms of disciplinary action, but shall not be the
25 exclusive disposition of any disciplinary action arising out of
26 conduct resulting in death or injury to a patient. Any funds
27 collected from such fines shall be deposited in the Medical
28 Disciplinary Fund.

29 (B) The Department shall revoke the license or visiting
30 permit of any person issued under this Act to practice medicine
31 or to treat human ailments without the use of drugs and without
32 operative surgery, who has been convicted a second time of
33 committing any felony under the Illinois Controlled Substances
34 Act, or who has been convicted a second time of committing a
35 Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois
36 Public Aid Code. A person whose license or visiting permit is

1 revoked under this subsection B of Section 22 of this Act shall
2 be prohibited from practicing medicine or treating human
3 ailments without the use of drugs and without operative
4 surgery.

5 (C) The Medical Disciplinary Board shall recommend to the
6 Department civil penalties and any other appropriate
7 discipline in disciplinary cases when the Board finds that a
8 physician willfully performed an abortion with actual
9 knowledge that the person upon whom the abortion has been
10 performed is a minor or an incompetent person without notice as
11 required under the Parental Notice of Abortion Act of 1995.
12 Upon the Board's recommendation, the Department shall impose,
13 for the first violation, a civil penalty of \$1,000 and for a
14 second or subsequent violation, a civil penalty of \$5,000.

15 (Source: P.A. 89-18, eff. 6-1-95; 89-201, eff. 1-1-96; 89-626,
16 eff. 8-9-96; 89-702, eff. 7-1-97; 90-742, eff. 8-13-98.)

17 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

18 (Section scheduled to be repealed on January 1, 2007)

19 Sec. 23. Reports relating to professional conduct and
20 capacity.

21 (A) Entities required to report.

22 (1) Health care institutions. The chief administrator
23 or executive officer of any health care institution
24 licensed by the Illinois Department of Public Health shall
25 report to the Disciplinary Board when any person's clinical
26 privileges are terminated or are restricted based on a
27 final determination, in accordance with that institution's
28 by-laws or rules and regulations, that a person has either
29 committed an act or acts which may directly threaten
30 patient care, and not of an administrative nature, or that
31 a person may be mentally or physically disabled in such a
32 manner as to endanger patients under that person's care.
33 Such officer also shall report if a person accepts
34 voluntary termination or restriction of clinical
35 privileges in lieu of formal action based upon conduct

1 related directly to patient care and not of an
2 administrative nature, or in lieu of formal action seeking
3 to determine whether a person may be mentally or physically
4 disabled in such a manner as to endanger patients under
5 that person's care. The Medical Disciplinary Board shall,
6 by rule, provide for the reporting to it of all instances
7 in which a person, licensed under this Act, who is impaired
8 by reason of age, drug or alcohol abuse or physical or
9 mental impairment, is under supervision and, where
10 appropriate, is in a program of rehabilitation. Such
11 reports shall be strictly confidential and may be reviewed
12 and considered only by the members of the Disciplinary
13 Board, or by authorized staff as provided by rules of the
14 Disciplinary Board. Provisions shall be made for the
15 periodic report of the status of any such person not less
16 than twice annually in order that the Disciplinary Board
17 shall have current information upon which to determine the
18 status of any such person. Such initial and periodic
19 reports of impaired physicians shall not be considered
20 records within the meaning of The State Records Act and
21 shall be disposed of, following a determination by the
22 Disciplinary Board that such reports are no longer
23 required, in a manner and at such time as the Disciplinary
24 Board shall determine by rule. The filing of such reports
25 shall be construed as the filing of a report for purposes
26 of subsection (C) of this Section.

27 (2) Professional associations. The President or chief
28 executive officer of any association or society, of persons
29 licensed under this Act, operating within this State shall
30 report to the Disciplinary Board when the association or
31 society renders a final determination that a person has
32 committed unprofessional conduct related directly to
33 patient care or that a person may be mentally or physically
34 disabled in such a manner as to endanger patients under
35 that person's care.

36 (3) Professional liability insurers. Every insurance

1 company which offers policies of professional liability
2 insurance to persons licensed under this Act, or any other
3 entity which seeks to indemnify the professional liability
4 of a person licensed under this Act, shall report to the
5 Disciplinary Board the settlement of any claim or cause of
6 action, or final judgment rendered in any cause of action,
7 which alleged negligence in the furnishing of medical care
8 by such licensed person when such settlement or final
9 judgment is in favor of the plaintiff.

10 (4) State's Attorneys. The State's Attorney of each
11 county shall report to the Disciplinary Board all instances
12 in which a person licensed under this Act is convicted or
13 otherwise found guilty of the commission of any felony. The
14 State's Attorney of each county may report to the
15 Disciplinary Board through a verified complaint any
16 instance in which the State's Attorney believes that a
17 physician has willfully violated the notice requirements
18 of the Parental Notice of Abortion Act of 1995.

19 (5) State agencies. All agencies, boards, commissions,
20 departments, or other instrumentalities of the government
21 of the State of Illinois shall report to the Disciplinary
22 Board any instance arising in connection with the
23 operations of such agency, including the administration of
24 any law by such agency, in which a person licensed under
25 this Act has either committed an act or acts which may be a
26 violation of this Act or which may constitute
27 unprofessional conduct related directly to patient care or
28 which indicates that a person licensed under this Act may
29 be mentally or physically disabled in such a manner as to
30 endanger patients under that person's care.

31 (B) Mandatory reporting. All reports required by items
32 (34), (35), and (36) of subsection (A) of Section 22 and by
33 Section 23 shall be submitted to the Disciplinary Board in a
34 timely fashion. The reports shall be filed in writing within 60
35 days after a determination that a report is required under this
36 Act. All reports shall contain the following information:

1 (1) The name, address and telephone number of the
2 person making the report.

3 (2) The name, address and telephone number of the
4 person who is the subject of the report.

5 (3) The name or other means of identification of any
6 patient or patients whose treatment is a subject of the
7 report, provided, however, no medical records may be
8 revealed without the written consent of the patient or
9 patients.

10 (4) A brief description of the facts which gave rise to
11 the issuance of the report, including the dates of any
12 occurrences deemed to necessitate the filing of the report.

13 (5) If court action is involved, the identity of the
14 court in which the action is filed, along with the docket
15 number and date of filing of the action.

16 (6) Any further pertinent information which the
17 reporting party deems to be an aid in the evaluation of the
18 report.

19 The Department shall have the right to inform patients of
20 the right to provide written consent for the Department to
21 obtain copies of hospital and medical records. The Disciplinary
22 Board or Department may exercise the power under Section 38 of
23 this Act to subpoena copies of hospital or medical records in
24 mandatory report cases alleging death or permanent bodily
25 injury when consent to obtain records is not provided by a
26 patient or legal representative. Appropriate rules shall be
27 adopted by the Department with the approval of the Disciplinary
28 Board.

29 When the Department has received written reports
30 concerning incidents required to be reported in items (34),
31 (35), and (36) of subsection (A) of Section 22, the licensee's
32 failure to report the incident to the Department under those
33 items shall not be the sole grounds for disciplinary action.

34 Nothing contained in this Section shall act to in any way,
35 waive or modify the confidentiality of medical reports and
36 committee reports to the extent provided by law. Any

1 information reported or disclosed shall be kept for the
2 confidential use of the Disciplinary Board, the Medical
3 Coordinators, the Disciplinary Board's attorneys, the medical
4 investigative staff, and authorized clerical staff, as
5 provided in this Act, and shall be afforded the same status as
6 is provided information concerning medical studies in Part 21
7 of Article VIII of the Code of Civil Procedure.

8 (C) Immunity from prosecution. Any individual or
9 organization acting in good faith, and not in a wilful and
10 wanton manner, in complying with this Act by providing any
11 report or other information to the Disciplinary Board, or
12 assisting in the investigation or preparation of such
13 information, or by participating in proceedings of the
14 Disciplinary Board, or by serving as a member of the
15 Disciplinary Board, shall not, as a result of such actions, be
16 subject to criminal prosecution or civil damages.

17 (D) Indemnification. Members of the Disciplinary Board,
18 the Medical Coordinators, the Disciplinary Board's attorneys,
19 the medical investigative staff, physicians retained under
20 contract to assist and advise the medical coordinators in the
21 investigation, and authorized clerical staff shall be
22 indemnified by the State for any actions occurring within the
23 scope of services on the Disciplinary Board, done in good faith
24 and not wilful and wanton in nature. The Attorney General shall
25 defend all such actions unless he or she determines either that
26 there would be a conflict of interest in such representation or
27 that the actions complained of were not in good faith or were
28 wilful and wanton.

29 Should the Attorney General decline representation, the
30 member shall have the right to employ counsel of his or her
31 choice, whose fees shall be provided by the State, after
32 approval by the Attorney General, unless there is a
33 determination by a court that the member's actions were not in
34 good faith or were wilful and wanton.

35 The member must notify the Attorney General within 7 days
36 of receipt of notice of the initiation of any action involving

1 services of the Disciplinary Board. Failure to so notify the
2 Attorney General shall constitute an absolute waiver of the
3 right to a defense and indemnification.

4 The Attorney General shall determine within 7 days after
5 receiving such notice, whether he or she will undertake to
6 represent the member.

7 (E) Deliberations of Disciplinary Board. Upon the receipt
8 of any report called for by this Act, other than those reports
9 of impaired persons licensed under this Act required pursuant
10 to the rules of the Disciplinary Board, the Disciplinary Board
11 shall notify in writing, by certified mail, the person who is
12 the subject of the report. Such notification shall be made
13 within 30 days of receipt by the Disciplinary Board of the
14 report.

15 The notification shall include a written notice setting
16 forth the person's right to examine the report. Included in
17 such notification shall be the address at which the file is
18 maintained, the name of the custodian of the reports, and the
19 telephone number at which the custodian may be reached. The
20 person who is the subject of the report shall submit a written
21 statement responding, clarifying, adding to, or proposing the
22 amending of the report previously filed. The statement shall
23 become a permanent part of the file and must be received by the
24 Disciplinary Board no more than 60 days after the date on which
25 the person was notified by the Disciplinary Board of the
26 existence of the original report.

27 The Disciplinary Board shall review all reports received by
28 it, together with any supporting information and responding
29 statements submitted by persons who are the subject of reports.
30 The review by the Disciplinary Board shall be in a timely
31 manner but in no event, shall the Disciplinary Board's initial
32 review of the material contained in each disciplinary file be
33 less than 61 days nor more than 180 days after the receipt of
34 the initial report by the Disciplinary Board.

35 When the Disciplinary Board makes its initial review of the
36 materials contained within its disciplinary files, the

1 Disciplinary Board shall, in writing, make a determination as
2 to whether there are sufficient facts to warrant further
3 investigation or action. Failure to make such determination
4 within the time provided shall be deemed to be a determination
5 that there are not sufficient facts to warrant further
6 investigation or action.

7 Should the Disciplinary Board find that there are not
8 sufficient facts to warrant further investigation, or action,
9 the report shall be accepted for filing and the matter shall be
10 deemed closed and so reported to the Director. The Director
11 shall then have 30 days to accept the Medical Disciplinary
12 Board's decision or request further investigation. The
13 Director shall inform the Board in writing of the decision to
14 request further investigation, including the specific reasons
15 for the decision. The individual or entity filing the original
16 report or complaint and the person who is the subject of the
17 report or complaint shall be notified in writing by the
18 Director of any final action on their report or complaint.

19 (F) Summary reports. The Disciplinary Board shall prepare,
20 on a timely basis, but in no event less than one every other
21 month, a summary report of final actions taken upon
22 disciplinary files maintained by the Disciplinary Board. The
23 summary reports shall be sent by the Disciplinary Board to
24 every health care facility licensed by the Illinois Department
25 of Public Health, every professional association and society of
26 persons licensed under this Act functioning on a statewide
27 basis in this State, the American Medical Association, the
28 American Osteopathic Association, the American Association of
29 Naturopathic Physicians, the American Chiropractic
30 Association, all insurers providing professional liability
31 insurance to persons licensed under this Act in the State of
32 Illinois, the Federation of State Medical Licensing Boards, and
33 the Illinois Pharmacists Association.

34 (G) Any violation of this Section shall be a Class A
35 misdemeanor.

36 (H) If any such person violates the provisions of this

1 Section an action may be brought in the name of the People of
2 the State of Illinois, through the Attorney General of the
3 State of Illinois, for an order enjoining such violation or for
4 an order enforcing compliance with this Section. Upon filing of
5 a verified petition in such court, the court may issue a
6 temporary restraining order without notice or bond and may
7 preliminarily or permanently enjoin such violation, and if it
8 is established that such person has violated or is violating
9 the injunction, the court may punish the offender for contempt
10 of court. Proceedings under this paragraph shall be in addition
11 to, and not in lieu of, all other remedies and penalties
12 provided for by this Section.

13 (Source: P.A. 89-18, eff. 6-1-95; 89-702, eff. 7-1-97; 90-699,
14 eff. 1-1-99.)

15 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

16 (Section scheduled to be repealed on January 1, 2007)

17 Sec. 24. Report of violations; medical associations. Any
18 physician licensed under this Act, the Illinois State Medical
19 Society, the Illinois Association of Osteopathic Physicians
20 and Surgeons, the Illinois Association of Naturopathic
21 Physicians, the Illinois Chiropractic Society, the Illinois
22 Prairie State Chiropractic Association, or any component
23 societies of any of these 5 ~~4~~ groups, and any other person, may
24 report to the Disciplinary Board any information the physician,
25 association, society, or person may have that appears to show
26 that a physician is or may be in violation of any of the
27 provisions of Section 22 of this Act.

28 The Department may enter into agreements with the Illinois
29 State Medical Society, the Illinois Association of Osteopathic
30 Physicians and Surgeons, the Illinois Association of
31 Naturopathic Physicians, the Illinois Prairie State
32 Chiropractic Association, or the Illinois Chiropractic Society
33 to allow these organizations to assist the Disciplinary Board
34 in the review of alleged violations of this Act. Subject to the
35 approval of the Department, any organization party to such an

1 agreement may subcontract with other individuals or
2 organizations to assist in review.

3 Any physician, association, society, or person
4 participating in good faith in the making of a report, under
5 this Act or participating in or assisting with an investigation
6 or review under this Section shall have immunity from any
7 civil, criminal, or other liability that might result by reason
8 of those actions.

9 The medical information in the custody of an entity under
10 contract with the Department participating in an investigation
11 or review shall be privileged and confidential to the same
12 extent as are information and reports under the provisions of
13 Part 21 of Article VIII of the Code of Civil Procedure.

14 For the purpose of any civil or criminal proceedings, the
15 good faith of any physician, association, society or person
16 shall be presumed. The Disciplinary Board may request the
17 Illinois State Medical Society, the Illinois Association of
18 Osteopathic Physicians and Surgeons, the Illinois Association
19 of Naturopathic Physicians, the Illinois Prairie State
20 Chiropractic Association, or the Illinois Chiropractic Society
21 to assist the Disciplinary Board in preparing for or conducting
22 any medical competency examination as the Board may deem
23 appropriate.

24 (Source: P.A. 88-324.)

25 (225 ILCS 60/33.5 new)

26 Sec. 33.5. Limited prescriptive authority; supervision;
27 standards and protocol. Authorization to treat human ailments
28 with limited prescriptive authority shall be applied in the
29 following manner:

30 (A) In this Section:

31 "Furnishing" means and includes:

32 (1) ordering a drug in accordance with standardized
33 procedure; or

34 (2) transmitting the order of a supervising physician.

35 "Drug order" or "order" means an order for medication which

1 is dispensed to or dispensed for an ultimate user and issued by
2 a physician with limited prescriptive authority as an
3 individual practitioner, within the meaning of Part 1306 of
4 Title 21 of the Code of Federal Regulations.

5 (B) The authority to use all routes for furnishing
6 prescription drugs under this Act shall be consistent with the
7 oversight and supervision requirements of this Section.

8 (C) Nothing in this Section or any other provision of law
9 shall be construed to prohibit a physician with limited
10 prescriptive authority from furnishing or ordering drugs if all
11 of the following conditions are met:

12 (1) The drugs must be furnished or ordered by a
13 physician with limited prescriptive authority in
14 accordance with standardized procedures or protocols
15 developed by the physician and his or her supervising
16 physician.

17 (2) The supervising physician must be a physician
18 licensed under this Act to practice medicine in all of its
19 branches.

20 (3) The physician who has limited prescriptive
21 authority must function pursuant to standardized procedure
22 or protocol provided for by this Act. The standardized
23 procedure or protocol shall be developed and approved by
24 the supervising physician, the physician with limited
25 prescriptive authority, and, where applicable, the
26 facility administrator or his or her designee.

27 (4) The standardized procedure or protocol covering
28 the furnishing of drugs must set forth those physicians
29 with limited prescriptive authority who may furnish or
30 order drugs, the drugs that may be furnished or ordered and
31 the circumstances under which the drugs may be furnished or
32 ordered, the extent of physician supervision, and the
33 method of periodic review of the competence of the
34 physician who has limited prescriptive authority,
35 including peer review and review of the standardized
36 procedure.

1 (5) The furnishing or ordering of drugs by a physician
2 with limited prescriptive authority must occur under
3 physician supervision. Physician supervision shall not be
4 construed to require the physical presence of the
5 physician, but does include (i) collaboration concerning
6 the development of the standardized procedure, (ii)
7 approval of the standardized procedure, and (iii)
8 availability by telephonic contact at the time of patient
9 examination by the physician with limited prescriptive
10 authority.

11 (D) For purposes of this Section, a physician shall not
12 supervise more than 4 physicians with limited prescriptive
13 authority at any one time.

14 (E) Drugs furnished or ordered by a physician with limited
15 prescriptive authority may include Schedule III, IV, and V,
16 controlled substances, as defined by the Illinois Controlled
17 Substances Act, and shall be further limited to those drugs
18 agreed upon by the physician who has limited prescriptive
19 authority and the supervising physician and specified in the
20 standardized procedure. When Schedule III controlled
21 substances are furnished or ordered by a physician with limited
22 prescriptive authority, the Schedule III controlled substances
23 shall be furnished or ordered in accordance with a
24 patient-specific protocol approved by the treating or
25 supervising physician. Upon request, the physician with
26 limited prescribing authority shall provide a copy of the
27 section of the standardized procedure that relates to
28 controlled substances to a licensed pharmacist who dispenses
29 drugs.

30 (F) The Board shall certify that the physician with limited
31 prescriptive authority has satisfactorily completed adequate
32 coursework in pharmacology covering the drugs that shall be
33 furnished or ordered. The Board shall establish the
34 requirements for satisfactory completion of the coursework
35 required by this subsection (F).

36 (G) Notwithstanding any other provision of law:

1 (1) A drug order issued under this Section shall be
2 treated in the same manner as a prescription of the
3 supervising physician.

4 (2) All references to the word "prescription" in this
5 Act shall include drug orders issued by physicians with
6 limited prescriptive authority.

7 (3) The signature of a physician with limited
8 prescriptive authority on a drug order issued in accordance
9 with this Section shall be deemed to be the signature of a
10 prescriber for purposes of this Act.

11 (4) A physician with limited prescriptive authority
12 may independently prescribe epinephrine to treat
13 anaphylaxis and natural and synthetic hormones.

14 (225 ILCS 60/34) (from Ch. 111, par. 4400-34)

15 (Section scheduled to be repealed on January 1, 2007)

16 Sec. 34. The provisions of this Act shall not be so
17 construed nor shall they be so administered as to discriminate
18 against any type or category of physician or against any
19 medical, osteopathic, naturopathic, or chiropractic college.

20 (Source: P.A. 85-4.)

21 (225 ILCS 60/51) (from Ch. 111, par. 4400-51)

22 (Section scheduled to be repealed on January 1, 2007)

23 Sec. 51. Any person who treats human ailments by the use of
24 drugs or operative surgery and has only a license to treat
25 human ailments without the use of drugs and without operative
26 surgery, shall be sentenced as provided in Section 59. Those
27 physicians authorized under this Act to treat human ailments
28 with limited prescriptive authority or through the performance
29 of minor office procedures shall not be subject to sentencing
30 if acting within the bounds of Sections 11 and 34 of this Act.

31 (Source: P.A. 85-4.)

32 Section 10. The Illinois Controlled Substances Act is
33 amended by changing Section 102 as follows:

1 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

2 Sec. 102. Definitions. As used in this Act, unless the
3 context otherwise requires:

4 (a) "Addict" means any person who habitually uses any drug,
5 chemical, substance or dangerous drug other than alcohol so as
6 to endanger the public morals, health, safety or welfare or who
7 is so far addicted to the use of a dangerous drug or controlled
8 substance other than alcohol as to have lost the power of self
9 control with reference to his addiction.

10 (b) "Administer" means the direct application of a
11 controlled substance, whether by injection, inhalation,
12 ingestion, or any other means, to the body of a patient,
13 research subject, or animal (as defined by the Humane
14 Euthanasia in Animal Shelters Act) by:

15 (1) a practitioner (or, in his presence, by his
16 authorized agent),

17 (2) the patient or research subject at the lawful
18 direction of the practitioner, or

19 (3) a euthanasia technician as defined by the Humane
20 Euthanasia in Animal Shelters Act.

21 (c) "Agent" means an authorized person who acts on behalf
22 of or at the direction of a manufacturer, distributor, or
23 dispenser. It does not include a common or contract carrier,
24 public warehouseman or employee of the carrier or warehouseman.

25 (c-1) "Anabolic Steroids" means any drug or hormonal
26 substance, chemically and pharmacologically related to
27 testosterone (other than estrogens, progestins, and
28 corticosteroids) that promotes muscle growth, and includes:

29 (i) boldenone,

30 (ii) chlorotestosterone,

31 (iii) chostebol,

32 (iv) dehydrochlormethyltestosterone,

33 (v) dihydrotestosterone,

34 (vi) drostanolone,

35 (vii) ethylestrenol,

1 (viii) fluoxymesterone,
2 (ix) formebulone,
3 (x) mesterolone,
4 (xi) methandienone,
5 (xii) methandranone,
6 (xiii) methandriol,
7 (xiv) methandrostenolone,
8 (xv) methenolone,
9 (xvi) methyltestosterone,
10 (xvii) mibolerone,
11 (xviii) nandrolone,
12 (xix) norethandrolone,
13 (xx) oxandrolone,
14 (xxi) oxymesterone,
15 (xxii) oxymetholone,
16 (xxiii) stanolone,
17 (xxiv) stanozolol,
18 (xxv) testolactone,
19 (xxvi) testosterone,
20 (xxvii) trenbolone, and
21 (xxviii) any salt, ester, or isomer of a drug or
22 substance described or listed in this paragraph, if
23 that salt, ester, or isomer promotes muscle growth.

24 Any person who is otherwise lawfully in possession of an
25 anabolic steroid, or who otherwise lawfully manufactures,
26 distributes, dispenses, delivers, or possesses with intent to
27 deliver an anabolic steroid, which anabolic steroid is
28 expressly intended for and lawfully allowed to be administered
29 through implants to livestock or other nonhuman species, and
30 which is approved by the Secretary of Health and Human Services
31 for such administration, and which the person intends to
32 administer or have administered through such implants, shall
33 not be considered to be in unauthorized possession or to
34 unlawfully manufacture, distribute, dispense, deliver, or
35 possess with intent to deliver such anabolic steroid for
36 purposes of this Act.

1 (d) "Administration" means the Drug Enforcement
2 Administration, United States Department of Justice, or its
3 successor agency.

4 (e) "Control" means to add a drug or other substance, or
5 immediate precursor, to a Schedule under Article II of this Act
6 whether by transfer from another Schedule or otherwise.

7 (f) "Controlled Substance" means a drug, substance, or
8 immediate precursor in the Schedules of Article II of this Act.

9 (g) "Counterfeit substance" means a controlled substance,
10 which, or the container or labeling of which, without
11 authorization bears the trademark, trade name, or other
12 identifying mark, imprint, number or device, or any likeness
13 thereof, of a manufacturer, distributor, or dispenser other
14 than the person who in fact manufactured, distributed, or
15 dispensed the substance.

16 (h) "Deliver" or "delivery" means the actual, constructive
17 or attempted transfer of possession of a controlled substance,
18 with or without consideration, whether or not there is an
19 agency relationship.

20 (i) "Department" means the Illinois Department of Human
21 Services (as successor to the Department of Alcoholism and
22 Substance Abuse) or its successor agency.

23 (j) "Department of State Police" means the Department of
24 State Police of the State of Illinois or its successor agency.

25 (k) "Department of Corrections" means the Department of
26 Corrections of the State of Illinois or its successor agency.

27 (l) "Department of Professional Regulation" means the
28 Department of Professional Regulation of the State of Illinois
29 or its successor agency.

30 (m) "Depressant" or "stimulant substance" means:

31 (1) a drug which contains any quantity of (i)
32 barbituric acid or any of the salts of barbituric acid
33 which has been designated as habit forming under section
34 502 (d) of the Federal Food, Drug, and Cosmetic Act (21
35 U.S.C. 352 (d)); or

36 (2) a drug which contains any quantity of (i)

1 amphetamine or methamphetamine and any of their optical
2 isomers; (ii) any salt of amphetamine or methamphetamine or
3 any salt of an optical isomer of amphetamine; or (iii) any
4 substance which the Department, after investigation, has
5 found to be, and by rule designated as, habit forming
6 because of its depressant or stimulant effect on the
7 central nervous system; or

8 (3) lysergic acid diethylamide; or

9 (4) any drug which contains any quantity of a substance
10 which the Department, after investigation, has found to
11 have, and by rule designated as having, a potential for
12 abuse because of its depressant or stimulant effect on the
13 central nervous system or its hallucinogenic effect.

14 (n) (Blank).

15 (o) "Director" means the Director of the Department of
16 State Police or the Department of Professional Regulation or
17 his designated agents.

18 (p) "Dispense" means to deliver a controlled substance to
19 an ultimate user or research subject by or pursuant to the
20 lawful order of a prescriber, including the prescribing,
21 administering, packaging, labeling, or compounding necessary
22 to prepare the substance for that delivery.

23 (q) "Dispenser" means a practitioner who dispenses.

24 (r) "Distribute" means to deliver, other than by
25 administering or dispensing, a controlled substance.

26 (s) "Distributor" means a person who distributes.

27 (t) "Drug" means (1) substances recognized as drugs in the
28 official United States Pharmacopoeia, Official Homeopathic
29 Pharmacopoeia of the United States, or official National
30 Formulary, or any supplement to any of them; (2) substances
31 intended for use in diagnosis, cure, mitigation, treatment, or
32 prevention of disease in man or animals; (3) substances (other
33 than food) intended to affect the structure of any function of
34 the body of man or animals and (4) substances intended for use
35 as a component of any article specified in clause (1), (2), or
36 (3) of this subsection. It does not include devices or their

1 components, parts, or accessories.

2 (t-5) "Euthanasia agency" means an entity certified by the
3 Department of Professional Regulation for the purpose of animal
4 euthanasia that holds an animal control facility license or
5 animal shelter license under the Animal Welfare Act. A
6 euthanasia agency is authorized to purchase, store, possess,
7 and utilize Schedule II nonnarcotic and Schedule III
8 nonnarcotic drugs for the sole purpose of animal euthanasia.

9 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
10 substances (nonnarcotic controlled substances) that are used
11 by a euthanasia agency for the purpose of animal euthanasia.

12 (u) "Good faith" means the prescribing or dispensing of a
13 controlled substance by a practitioner in the regular course of
14 professional treatment to or for any person who is under his
15 treatment for a pathology or condition other than that
16 individual's physical or psychological dependence upon or
17 addiction to a controlled substance, except as provided herein:
18 and application of the term to a pharmacist shall mean the
19 dispensing of a controlled substance pursuant to the
20 prescriber's order which in the professional judgment of the
21 pharmacist is lawful. The pharmacist shall be guided by
22 accepted professional standards including, but not limited to
23 the following, in making the judgment:

24 (1) lack of consistency of doctor-patient
25 relationship,

26 (2) frequency of prescriptions for same drug by one
27 prescriber for large numbers of patients,

28 (3) quantities beyond those normally prescribed,

29 (4) unusual dosages,

30 (5) unusual geographic distances between patient,
31 pharmacist and prescriber,

32 (6) consistent prescribing of habit-forming drugs.

33 (u-1) "Home infusion services" means services provided by a
34 pharmacy in compounding solutions for direct administration to
35 a patient in a private residence, long-term care facility, or
36 hospice setting by means of parenteral, intravenous,

1 intramuscular, subcutaneous, or intraspinal infusion.

2 (v) "Immediate precursor" means a substance:

3 (1) which the Department has found to be and by rule
4 designated as being a principal compound used, or produced
5 primarily for use, in the manufacture of a controlled
6 substance;

7 (2) which is an immediate chemical intermediary used or
8 likely to be used in the manufacture of such controlled
9 substance; and

10 (3) the control of which is necessary to prevent,
11 curtail or limit the manufacture of such controlled
12 substance.

13 (w) "Instructional activities" means the acts of teaching,
14 educating or instructing by practitioners using controlled
15 substances within educational facilities approved by the State
16 Board of Education or its successor agency.

17 (x) "Local authorities" means a duly organized State,
18 County or Municipal peace unit or police force.

19 (y) "Look-alike substance" means a substance, other than a
20 controlled substance which (1) by overall dosage unit
21 appearance, including shape, color, size, markings or lack
22 thereof, taste, consistency, or any other identifying physical
23 characteristic of the substance, would lead a reasonable person
24 to believe that the substance is a controlled substance, or (2)
25 is expressly or impliedly represented to be a controlled
26 substance or is distributed under circumstances which would
27 lead a reasonable person to believe that the substance is a
28 controlled substance. For the purpose of determining whether
29 the representations made or the circumstances of the
30 distribution would lead a reasonable person to believe the
31 substance to be a controlled substance under this clause (2) of
32 subsection (y), the court or other authority may consider the
33 following factors in addition to any other factor that may be
34 relevant:

35 (a) statements made by the owner or person in control
36 of the substance concerning its nature, use or effect;

1 (b) statements made to the buyer or recipient that the
2 substance may be resold for profit;

3 (c) whether the substance is packaged in a manner
4 normally used for the illegal distribution of controlled
5 substances;

6 (d) whether the distribution or attempted distribution
7 included an exchange of or demand for money or other
8 property as consideration, and whether the amount of the
9 consideration was substantially greater than the
10 reasonable retail market value of the substance.

11 Clause (1) of this subsection (y) shall not apply to a
12 noncontrolled substance in its finished dosage form that was
13 initially introduced into commerce prior to the initial
14 introduction into commerce of a controlled substance in its
15 finished dosage form which it may substantially resemble.

16 Nothing in this subsection (y) prohibits the dispensing or
17 distributing of noncontrolled substances by persons authorized
18 to dispense and distribute controlled substances under this
19 Act, provided that such action would be deemed to be carried
20 out in good faith under subsection (u) if the substances
21 involved were controlled substances.

22 Nothing in this subsection (y) or in this Act prohibits the
23 manufacture, preparation, propagation, compounding,
24 processing, packaging, advertising or distribution of a drug or
25 drugs by any person registered pursuant to Section 510 of the
26 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

27 (y-1) "Mail-order pharmacy" means a pharmacy that is
28 located in a state of the United States, other than Illinois,
29 that delivers, dispenses or distributes, through the United
30 States Postal Service or other common carrier, to Illinois
31 residents, any substance which requires a prescription.

32 (z) "Manufacture" means the production, preparation,
33 propagation, compounding, conversion or processing of a
34 controlled substance, either directly or indirectly, by
35 extraction from substances of natural origin, or independently
36 by means of chemical synthesis, or by a combination of

1 extraction and chemical synthesis, and includes any packaging
2 or repackaging of the substance or labeling of its container,
3 except that this term does not include:

4 (1) by an ultimate user, the preparation or compounding
5 of a controlled substance for his own use; or

6 (2) by a practitioner, or his authorized agent under
7 his supervision, the preparation, compounding, packaging,
8 or labeling of a controlled substance:

9 (a) as an incident to his administering or
10 dispensing of a controlled substance in the course of
11 his professional practice; or

12 (b) as an incident to lawful research, teaching or
13 chemical analysis and not for sale.

14 (z-1) "Methamphetamine manufacturing chemical" means any
15 of the following chemicals or substances containing any of the
16 following chemicals: benzyl methyl ketone, ephedrine, methyl
17 benzyl ketone, phenylacetone, phenyl-2-propanone,
18 pseudoephedrine, or red phosphorous or any of the salts,
19 optical isomers, or salts of optical isomers of the
20 above-listed chemicals.

21 (aa) "Narcotic drug" means any of the following, whether
22 produced directly or indirectly by extraction from substances
23 of natural origin, or independently by means of chemical
24 synthesis, or by a combination of extraction and chemical
25 synthesis:

26 (1) opium and opiate, and any salt, compound,
27 derivative, or preparation of opium or opiate;

28 (2) any salt, compound, isomer, derivative, or
29 preparation thereof which is chemically equivalent or
30 identical with any of the substances referred to in clause
31 (1), but not including the isoquinoline alkaloids of opium;

32 (3) opium poppy and poppy straw;

33 (4) coca leaves and any salts, compound, isomer, salt
34 of an isomer, derivative, or preparation of coca leaves
35 including cocaine or ecgonine, and any salt, compound,
36 isomer, derivative, or preparation thereof which is

1 chemically equivalent or identical with any of these
2 substances, but not including decocainized coca leaves or
3 extractions of coca leaves which do not contain cocaine or
4 ecgonine (for the purpose of this paragraph, the term
5 "isomer" includes optical, positional and geometric
6 isomers).

7 (bb) "Nurse" means a registered nurse licensed under the
8 Nursing and Advanced Practice Nursing Act.

9 (cc) (Blank).

10 (dd) "Opiate" means any substance having an addiction
11 forming or addiction sustaining liability similar to morphine
12 or being capable of conversion into a drug having addiction
13 forming or addiction sustaining liability.

14 (ee) "Opium poppy" means the plant of the species *Papaver*
15 *somniferum* L., except its seeds.

16 (ff) "Parole and Pardon Board" means the Parole and Pardon
17 Board of the State of Illinois or its successor agency.

18 (gg) "Person" means any individual, corporation,
19 mail-order pharmacy, government or governmental subdivision or
20 agency, business trust, estate, trust, partnership or
21 association, or any other entity.

22 (hh) "Pharmacist" means any person who holds a certificate
23 of registration as a registered pharmacist, a local registered
24 pharmacist or a registered assistant pharmacist under the
25 Pharmacy Practice Act of 1987.

26 (ii) "Pharmacy" means any store, ship or other place in
27 which pharmacy is authorized to be practiced under the Pharmacy
28 Practice Act of 1987.

29 (jj) "Poppy straw" means all parts, except the seeds, of
30 the opium poppy, after mowing.

31 (kk) "Practitioner" means a physician licensed to practice
32 medicine in all its branches, a chiropractic or naturopathic
33 physician with limited prescriptive authority, dentist,
34 podiatrist, veterinarian, scientific investigator, pharmacist,
35 physician assistant, advanced practice nurse, licensed
36 practical nurse, registered nurse, hospital, laboratory, or

1 pharmacy, or other person licensed, registered, or otherwise
2 lawfully permitted by the United States or this State to
3 distribute, dispense, conduct research with respect to,
4 administer or use in teaching or chemical analysis, a
5 controlled substance in the course of professional practice or
6 research.

7 (ll) "Pre-printed prescription" means a written
8 prescription upon which the designated drug has been indicated
9 prior to the time of issuance.

10 (mm) "Prescriber" means a physician licensed to practice
11 medicine in all its branches, dentist, podiatrist or
12 veterinarian who issues a prescription, a physician assistant
13 who issues a prescription for a Schedule III, IV, or V
14 controlled substance in accordance with Section 303.05 and the
15 written guidelines required under Section 7.5 of the Physician
16 Assistant Practice Act of 1987, a chiropractic or naturopathic
17 physician with limited prescriptive authority who issues a
18 prescription for a Schedule III, IV, or V controlled substance
19 in accordance with Sections 3.2 and 33.5 of the Medical
20 Practice Act of 1987, or an advanced practice nurse with
21 prescriptive authority in accordance with Section 303.05 and a
22 written collaborative agreement under Sections 15-15 and 15-20
23 of the Nursing and Advanced Practice Nursing Act.

24 (nn) "Prescription" means a lawful written, facsimile, or
25 verbal order of a physician licensed to practice medicine in
26 all its branches, a chiropractic or naturopathic physician with
27 limited prescriptive authority, dentist, podiatrist or
28 veterinarian for any controlled substance, of a physician
29 assistant for a Schedule III, IV, or V controlled substance in
30 accordance with Section 303.05 and the written guidelines
31 required under Section 7.5 of the Physician Assistant Practice
32 Act of 1987, or of an advanced practice nurse who issues a
33 prescription for a Schedule III, IV, or V controlled substance
34 in accordance with Section 303.05 and a written collaborative
35 agreement under Sections 15-15 and 15-20 of the Nursing and
36 Advanced Practice Nursing Act.

1 (oo) "Production" or "produce" means manufacture,
2 planting, cultivating, growing, or harvesting of a controlled
3 substance.

4 (pp) "Registrant" means every person who is required to
5 register under Section 302 of this Act.

6 (qq) "Registry number" means the number assigned to each
7 person authorized to handle controlled substances under the
8 laws of the United States and of this State.

9 (rr) "State" includes the State of Illinois and any state,
10 district, commonwealth, territory, insular possession thereof,
11 and any area subject to the legal authority of the United
12 States of America.

13 (ss) "Ultimate user" means a person who lawfully possesses
14 a controlled substance for his own use or for the use of a
15 member of his household or for administering to an animal owned
16 by him or by a member of his household.

17 (Source: P.A. 92-449, eff. 1-1-02; 93-596, eff. 8-26-03;
18 93-626, eff. 12-23-03.)

19 Section 99. Effective date. This Act takes effect 6 months
20 after becoming law.

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